MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16970 ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Washington o. STATE Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) 2 days Sandy Hook Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM Main Street Frederick Memorial Hospital NO K NAME OF First Middle DATE catpon Month Day Year DECEASED Howard Fenton GREENWALT DECEMBER (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED IX NEVER MARRIED B. DATE OF BIRTH last birthdoy) Dovs Hours Nov.16, 1899 White Male WIDOWED ar remayal, and in any DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician overmit. Then please INDUSTRY Loudoun County, Va. Railroad Trackman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Magdaline Mirely Abraham Greenwalt 17. INFORMANT Chas. R. Green Walt 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, or unknown) (If yes give war ar dates of service) 705-05-9523 21719 Box67, Rt.1, Cascade, Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND/DEATH IMMEDIATE CAUSE (0) by the haspital ar attending physician. DUE TO HRTERIOSCLERUTIC HEART Conditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) ot wark 21. I certify that (this hospital) attended the deceased fram. ro Hospital or Attend Page 4 may be retained 1967, and that death accurred at 130/AM, from causes and an the date stated above. saw the deceased alive an 12 O FUNERAL DIRECTOR: 220. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS Frederick, Md. NAME (Type) Richard C. Reynolds 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Loudoun Heights, Va. 12/10/67 Ebenezer Cemeterv ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR larpers Ferry. W. Va

Therman District Comments THE ROLL WAS A STATE OF THE PARTY OF THE PAR The state of the s TOWN THE SECOND TOWN OF STREET THE TOWN Acore Concerns Turnesses 20 hors PRETERBIOSCHOPPIC MONEY DINNEYE Rebust C. Royalle X 10 16 167 AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16944 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Page 0 Frederick C. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) MARYLAND dy 3 b. CITY OR TOWN (If autside corporate limits. CLENGTH OF STAY IN 16 del pub write RURAL and give nearest tawn) Frederick Bluemont d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS form Frederick Memorial Hospital in Item 18. Give Pages YES NO F State be executed within 24 haurs after death. Office alang with 3 NAME OF 4. DATE Year Month DECEASED Joseph Dec. 6, Fulton Allder 1967 (Type or print) DEATH IF UNDER 1 YEAR 1 IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Aug. death. Male White DIVORCED T WIDOWED and 2 v 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR COUNTRYS during most of working life, even if retired)
Factory worker INDUSTRY within 72 haurs after Virginia Rubber Co. Examiner's pencil i 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Thomas Allder Lillian Fulton File 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Medical (Yes, no, or unknown) (If yes give war ar dates of service Mrs. Charlotte Barnett, Oxon Hill. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Chief / burial-transit ONSET AND DEATH any event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) ward This certificate shauld DUE TO Conditions, if ony, which gove writing the rise to immediate couse (a). p DUF TO stating the underlying couse 0 MEDICAL PARTING POLITICATE, WITTING POLICE EXECUTE THE CERTIFICATE, WITTING POLICE TO THE PRESENT OF THE PRESEN SD Inst used WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, PERFORMED? 2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRISE HOW INJURY OCCURRED, (Enter pature of injury in Port 1 or Port II of item 18.) 3 shauld ar MEDICAL EXAMINER: CAUSE OF DEATH crematian, 2De PLACE OF INJURY (Home, form, (County) (Stota) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED (City or town) factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page X 1967 ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry ond in my opinion Inspection deoth resolted from: Noturol causes Accident A Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22. DATE SIGNED 5 may be retor TO FUNERAL DI Health prior t ASSISTANT MEDICAL EXAMINER funeral TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. (County) 12/9/67 Loudoun County. Loudoun Ebenezer 250. REC'D BY REGISTRAR **ADDRESS** Funeral Home. Berr#ville VR A15ME (5) DARFC Minuter Judge 1967 6M 1/67

Enlyaber? modern Laborative #1 month Not to be to In this will be a transid state of the Alider . Dur. U. 2707 THE SERVE LE ASSESSED widlightly. Section Testing Testing Co. hod for contact the to AFIA neworld when o En . triff part ittintel sytolaret . 121. 183 Burgard - Lavey of the control of th THE UT AND OFFITHERS AND ASSESSED ASSESSED.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16952 CERTIFICATE OF DEATH 6945 **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY p. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Frederick Frederick 20 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .5 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled i NO Y Frederick Memorial Hospt 126 East Street NAME OF DECEASED Middle 4. DATE carban Lost Month Dov Year (Type or print) Mildred NMN Allen DEATH December S. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Dovs Hours WIDOWED DIVORCED and in any Negro 0-20-1920 Female and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Presser Clothing Factory Dauphin

14. MOTHER'S MAIDEN NAME S.A 13. FATHER'S NAME ar removal, Charles Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Hazel Johnson 17. INFORMANT 16. SOCIAL SECURITY NO. Address Frederick, Md (Yes, no, or unknown) (If yes give wor or dotes of service) 213-24-8145 Marshall Allen 126 EastStreet No ***** crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), INTERVAL BETWEEN signed by the burial-transit p PART 1. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse the haspital ar attending last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? of Health NO certificate JO. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) of work of work 21. 1 certify that (1) (this haspital) attended the deceased fram All , 1927, that (I) (we) last 10/2 4 may be retained 11 2 19 579 and that death occurred at 3 A M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Fred Medical Center Fred Md J.R. Poirier director, p 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. 8 URIAL, CREMATION (County) (Stote) Burial 12-15-67 Fairview Frederick 9 Fred 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25M 1/67 C.E. Hicks, 111 Frederick, Maryland

Marine Designation of the state A CONTRACTOR DE LA CONT a destroy of the second High transport dates and the second restriction of the Alest Caracastas Talancas

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16953 CERTIFICATE OF DEATH 16946 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1 apd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY p. STATE b. COUNTY Frederick MARYLAND Frederick Maryland Pages c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) the b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. popers. Po Pleasant View (Rural) Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? Tuscarora P.O. Md YES NO K Home for Aged Montevua NAME OF DECEASED (Type or print) Middle DATE remove carban Last Day Year Richard Ambush NMN DEATH December 19 67 6. COLOR OR RACE IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED T DIVORCED and in any 12-12-1885 Male Negro

10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician Farm 13. FATHER'S NAME 313131313131 Frederack Co, Md
14. MOTHER'S MAIDEN NAME U.S.A ar remayal, Annie Whalen Arthur Ambush 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war as deves of service) Address Washington D 16. SOCIAL SECURITY NO. permit. George R. Ambush 7444 Georgie N.W. 213-24-8058 burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit g PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause the has been lost OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? revenuesco NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (Caunty) (State) Haur a.m. foctory, street, office bldg., etc.) Not While 196 / that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. TO FUNERAL DIRECTOR: sow the deceased olive on. 19/0 and that death accurred at 14 _M, from couses and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR STAFF PHYS. PHYS. director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Prof. Bldg Frederick, Md Bernard O. Thomas Jr 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23g. BURIAL, CREMATION. REMOVAL (Specify) 12-19-67 Fairview ADDRESS Frederick Fred REGISTRAR 25b. REGISTRAR'S SIGNATURE Burial 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VCharles Judge 1967 Hicks. 111 Frederick Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH First 2b. HOURA death. (Type or print) DECEMBER JULIA M. BREADY 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR PHYSICIAN: The low requires that the death certificate be executed within 24 hours after lost birthday) HOURS July 2, 1881 White Female signed by the attending physician and completely filled in by burial-transit permit. Then please remave carban papers. Pagburial, crematian, ar remaval, and in any event, within 72 hours. 7a. BIRTHPLACE (State or foreign 75, CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland U.S.A. DIVORCED [WIDOWED | Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dive street oddress) Nursing Home during most of working life, even if retired.) Housework Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? Frederick ddmission) STATE YES NO Adamstown, Maryland Adamstown 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle First Middle Bready (Unknown) Ormon 16b. SOCIAL SECURITY NO. 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) [If yes give wor or dates of service] 215 26 9134 George Hoffman, Adamstown, Maryland APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause, PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the haspital or attending to EUNERAL DIRECTOR: After this certificate has been stairector, page 3 should be detached for use as the behavioud be filed with the State Dept. of Health prior ta be 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO St 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day 21d. INJURY OCCURRED
While Not while at wark 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 19.56, to_ couses stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR ATTENDING Jan. 1, 1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 220 N. M rket Street, Frederick, Maryland Rex R. Martin. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 230. BURIAL, CREMATION, BYNYA (Specify) Jan. 3, 1968 Mount Olivet Cemetery Frederick Frederick 2Sq. REC'D BY REGISTRAR Double In ADDRESS Fedeles 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR DATE JAN 30M REV. 1/8 M. R. Etchison & Son, Frederick, Maryland

```
e e
N. HERET TERMENT TO 1967 THE
                                                                                                                                                                                                                                                                                                                                                     AUG TO
                                                                                                    45 £ . 1 4
                                                                                                                                                                                                                                                                                                                                             200
                                                                                                                                                                                                                                                                      Moi si ck
               in-relick property unline that the bodies with the
                                  produced the modest produced the second produc
                                                                                                                                 (Butoma)
                                                                                                                                                                                                                                        YU. STELL
                                                                                                                                                                                                                                                                                                                                                                   MO.710
                                              1935 26 Jan Corpe to the state of the state
```

ger i sarula, i sarula di a seconda de secon

1000 es . 000

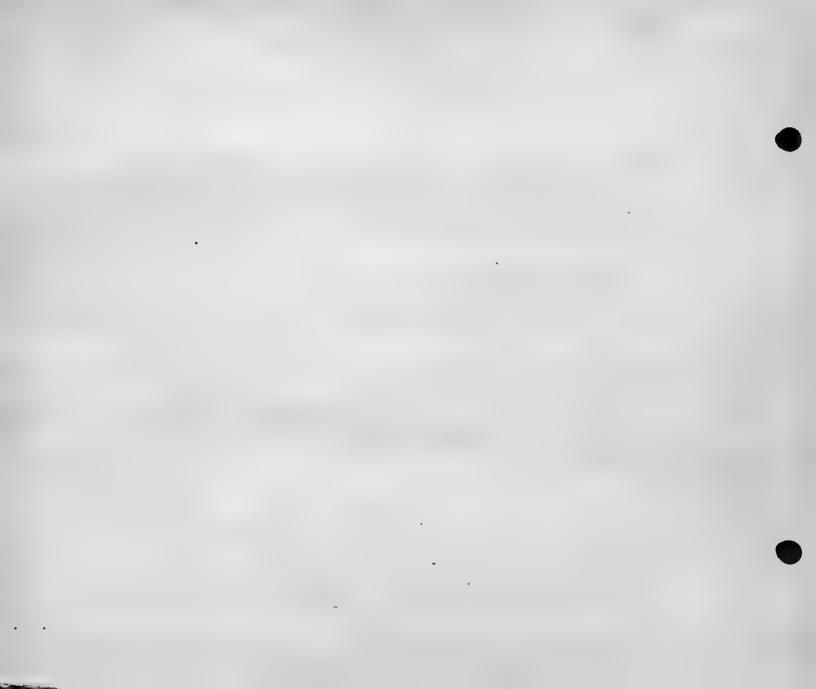


	Division of STATISTICAL RESEARCH AND	RECORDS, 301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201
· ~ ~ ~	16956 c	ERTIFICATE OF DEATH	16949
the funeral Target of a after a safer	I PLACE OF DEATH o. COUNTY Frederick	MARYLAND Marvland	ed lived, if institution: Residence before admission) b. COUNTY Frederick
urs aft.	b. (ITY OR TOWN (It autside carporate limits, write RURAL and give nearest town) Frederick Days	OF STAY IN 16 c. CITY OR TOWN (If outside corporor	e limits, write RURAL and give neorest town)
24 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street odd Frederick Memorial Hospital	d. STREET ADDRESS 201 E. Second St.	reet YES NO ST
within tely fill withly within		iddte Lost 4 DATE	Month Day Year December 15 19 67
ecuted cample ave cal	S SEX 6. COLOR OR RACE 7 MARRIED NEVER	MADDIED 6 8 DATE OF RIPTH 9	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Haurs Min.
e be ex an and ise rem	Male White WIDOWED 100 USCAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owners Operator WIDOWED 10b KIND OF BUSINE 1NDUSTRY 1CC Coam	ESS OR 11. BIRTHPLACE (County & State, or for	eign country) 12 CHIZEN OF WHAT
rtificate physicic en plea aval, ar	13. FATHER'S NAME	14. MOTHER S MAIDEN NAME	
death ce thending srmit. Th	John Francis Byerly, Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 220 26 7		Address Sr.(Same as item #2)
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the attending physician and campletely filted in by the funeral ise as the burial-transit permit. Then please remave carban papers. Pages 1-and 2 th priar to burial, crematian, or remaval, and in any event, within 72 hours after death.	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	(i) due to diabetic nep	hyoschosis interval Between ONSET AND DEATH
The law require attending phys has been signe se as the buriar to buriar to	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	e diabetes mellitis	
그 글 그 우리 그 그	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO ACC DENT WAS UNDERLYING OF CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL FYAMINE)	1 . C	YES NO
IYSICIA haspital certific ched fo pt. of H			(City or town) (County) (State)
ING PL by the tribis be deta tate De	Hour a m. p.m. 19 While Not Wh of work of wor	nile foctory, street, office bldg., etc.)	
TTEND ained by TOR: Af hauld by the S	21. I certify that (I) (this hospital) attended the de saw the deceased alive on 12-114/67 19	ceased fram, 14, 14, 14, 14, 14	, from causes and on the date stated abov
Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifical director, page 3 shauld be detached far should be filed with the State Dept. af He	220 PHYSICIAN'S	M.D. ATTENDING MED DIRECTOR 22d. ADDRESS	□ STAFF □ 12/15/67
A may A may A may A may A may A may Bild be f	NAME (Type) A. Austin Pearre, Jr.		Frederick, Maryland (ATION (City or Town) (County) (Stote)
54 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) Burial Dec. 18.1967 Mount		erick Maryland AR ZSb. REGISTRAR'S SIGNATURE
VR A15 (4)/ 20 M 1/66	M. R. Etchison & Son. Fred	- the	

MARYLAND STATE DEPARTMENT OF HEALTH

In a 9J 8.1 Thoragon 17

	CERTIFICATE O	F DEATH	1003
1. PLACE OF DEATH	2, UST	JAL BESIDENCE (Where dacas	sad lived, If Institut on: Ras de
b. CITY OR TOWN (if outside corporate limits,	maryland /	TANDATION (If oulside corporal	Jumits, write RURAL and give
writa RURAL and give nearest town) Frederick	10 mo. 22 LAYS ;	Mt. Air	E HINE, WINE ROLLING STA
d. NAME OF HOSPITAL OR INSTITUTION (if no	I in hospital, give street address) d. S	TREET ADDRESS	,
1 LONOCACY HALL NUISING H	ome, Market St. 1509	PN, MAIN ST.	Month Day
(Type or print)	M Candi	OF DEATH	Dec. 28
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B. DATE O	F BIRTH 9. A	GE (In years IF UNDER 1 YEAR sl birthday) Months Days
Temple white w	100WED DIVORCED UN TUN	RTHPLACE (County & State, or fora	3 yes.
done during most of working life, even if retired)	רבי מוני מוני מוני מוני מוני מוני מוני מונ	roll Co) ~- 7
13. FATHER'S NAME		THER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES		Julia Binele	Address
(Yas, no, or unkown) (Ifyes give war or dates of service	(a) C 1 - C - 1 C Comp	Monogram Hall	Nuncina Hama
18. CAUSE OF DEATH [Enter only one cau	se par line for (a), (b), and (c)	Monochet Henry	Tursing Trume
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	exclude thombs	in recur	int with
Conditions, if any, which \ (b)	as terms a soul	antin of	Ini.
gave rise to immediate cause (a), stating the underlying DUE TO	70		
Z PART II. OTHER SIGNIFICANT CONDITION	SCONTERENTING TO DEATH BUT AND DELATE	TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)
PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UTF EITHER, NOTIFY MEDICAL EXAMINER)	To CONTRIBUTION TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COL	ADITION GIVEN IN PART ((8)
20a. ACCIDENT WAS UNDERLYING DE OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter n	salure of Injury in Part I or Pert II o	itam IB.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	1 2Dd, INJURY OCCURRED 2Da, PLACE OF INJ	JURY (Homa, farm, ; 2Df. (City or	lown) (County)
Hour a.m. 19	While Not While factory, street, at work at work	offica bldg., etc.}	(County)
21. I certify that (I) (this hospital)	attended the deceased from		
	28 19.6.7, and that death o	occurred at M, from the	e causes and on the da
220. SIGNATURE	hase M.D. ATT	ENDING MED.	STAFF PHYS.
22c. PHYSICIAN'S		. ADDRESS //	E
NAME (Typa) / /	111111	1011 Men (+ 1	1696116K
Henry	1230 NAME OF CENETEDY OF	ADONY LOCATION	ON (City Jown or county)
23a. BURIAL, CREMATION. 23b. DATE THEREOF	F 236. NAME OF CEMETERY O	d Union	town Carrol



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ใหม่56 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and 2 death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) (unerol PLACE OF DEATH o. COUNTY at STATE b. COUNTY Frederick Mary land Frederick MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) write RURAL and give negrest tawn)
Frederick Lime Kilm week IS RESIDENCE ON A FARM? the attending physician and campletely filled in sit permit. Then please remove carban papers? d. NAME OF HOSPITAL OR INSTITUT ON (If nat in haspital, give street address) d STREET ADDRESS cremation or removal, and in any event, within 72 Frederick Memorial Hospital NO 🔀 YES F 3. NAME OF Middle First 4 DATE Month Day Last Year DECEASED OF Carrie V. Ceci1 December 12-19 67 Type or print DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 4 8. DATE OF BIRTH **NEVER MARRIED** last birthday) Manths Days Hours Female. White 62 WIDOWED DIVORCED May 9-1905 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT INDUSTRY U.S.A. Clarksburg- Md. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Cordell Mollie Streams 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no winknawn) (If yes give war or dates af service) Not Hawtatabas Walter S. Cecil- Lime Kiln, Md. 21763 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line (of (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (n) DUE TO burial, Conditions, if any, which gave nse ta immediate cause (a). DUE TO Page 4 may be retained by the haspital ar attending O IUNIEXI DIRECTOR: After this certificate has been as the priar to l stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY PERFORMED? AFDICAL CERTIFICATION shauld be detached for use with the State Dept. of Health NO YES | 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) factory, street, office bldg., etc.) Hour a.m Nat While OR ATTENDING at work 21. I certify that (I) (this hospital) attended the deceased fram L.M. fram causes and an the date stated above saw the deceased alive an and that death accurred at 22o. SIGNATURE 22b DATE SIGNED 12-12-1967 director, page 3 __should be filed v M.D. DIRECTOR PHYS 22d 22c. PHYSICIAN S 812 Toll House Ave.-Frederick, Md.21701 NAME (Type) Thomas Robert 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE THEREOF (County) (State) BEMOYAL (Specify) Clarksburg Cemetery Clarksburg, Md. 20734 12-15-1967 9 REGISTRAR'S SIGNATURE 250 RECID BY REGISTRAR 24 FUNERAL DIRECTOR M.R. Btchison & Son VR A15 (4 Frederick, Md.21701 14 20 M 1/66

, · · · 3 1 2 4 3 . 10 11 01

Y in Im

4-1	Tt	tem 18 Film 396 12-28-MARYLAND STATE DEPARTMENT OF HEALTH 18-21-11-8-DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH ±3952	
deloy is Page W3. Page HEALTH DELLOY is Page HEALTH DELLOY is many in the page of the page		PRACE OF DEATH o COUNTY Frederick MARYLAND b CITY OR TOWN (I outside corporate limits, write RURAL and give negrest town) PRACE OF DEATH o VIATE MARYLAND C LENGTH OF STAY IN 1b c CITY OR TOWN (I outside corporate limits, write RURAL and give negrest town) Place of DEATH o VIATE b COUNTY Baltimore C CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town)	
f any delo		d NAME OF HOSPITAL DR INSTITUTION (if not in hospita, give street oddress) d STREET ADDRESS e	IS RESIDENCE ON A FARM?
d within 24 hours after death 1f of pencil in Item 18. Give Pages 1, Examiners Office along with form File pages Lond 2 with the State De 2 hours after death.	3	Frederick Memorial Hospital Later Compton Jr. Compton J	Year 19 67
rs after 18. G v ce along 12 with t oth.	N	SEX 6 COLOR DR RACE 7 MARRIED MEYER MARRIED 8 DATE OF BIRTH Male White WIDOWED DIVORCED July 11, 1926 9 AGE (In years IF UNDER YEAR Y	HOURS Min
24 hours in Item 13 er s Office ges lond 2 o	qh	Occusual Occupation (Give kind of work done libb KIND OF BUS NESS OR Co. II BRIHPLACE (Stole or foreign country) I2 CIT ZEN OF W Under Country III BRIHPLACE (Stole or foreign country) I2 CIT ZEN OF W U. STRY A COUNTRY A	/HAT
J within 24 in pencil in Exominer s Exominer s File pages 2 hours affe		3. FATHER'S NAME Holmes Compton S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (WITE) Address Ft. How	10.70
be executed "pending" in met Medical insit permit.	(Ye	Yes WWII Li7-12-28L1 Ers. Margaret Compton, Li Todd Ave.	Md.
INER: This certificate should be executed within 24 hours after death 1f any design and in pencil in them 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiners Office along with farm PM3. files. 3 should be used as a burial-transit permit. File pages land 2 with the State Departmation, or removal, and in any event within 72 hours after death.			VAL BETWEEN FAND DEATH
s certifi forward forward e used o	ATION	PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 W	AS AUTOPSY REORMED?
EXAMINER: This certificate, writing et a should be forward your files. Page 3 should be used cremotion, or removal,	MEDICAL CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY TO OCCURRED (Enter noture of injury in Port for Port flof tem 18) Went to sleep in a truck with the motor running 200 T ME OF NJURY Month, Doy, Yeor 200 I ME OF NJURY Month, Doy, Yeor	(Stote)
L EXAMINER: ecute the certi Poge 4 should or your files. R.Page 3 shau	MED	pm 17 of work put to Oil little book frederick fred.	
MEDICAL pleose exer director. P etained for DIRECTOR		21 I certify that I took charge of the remains described above, held on Autopsy Inspection , Inquiry , and in death resolved fram: Natura causes , Accident , Suicide , Hamic de , Undetermined manner . ACTUAL SIGNATURE STANT MEDICAL EXAMINER B12 Toll House ASS STANT MEDICAL EXAMINER Frederick,	Ave . DATE SIGNED
TO DEPUTY necessary, F the funeral 5 moy be in 10 FUNERAL Health prior	92.	M.D. Mones: (Jules) Control of Thomas	2, 1967
5 5 5 5 5		Buria fiectly) 12/18/67 St. Paul's Cemetery Baltimore, Md.	(31018)
VR A15ME (5)		24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 25b Dundalk. Md. 25c RECD BY REGISTRAR'S SIGNATURE 25c RECD BY REGISTRAR 25c RECD BY REGISTRAR'S SIGNATURE 25c RECD BY REGISTRAR'S SIGNATURE 25c RECD BY REGISTRAR 25c RECD BY REGISTRAR'S SIGNATURE 25c RECD BY REGISTRAR 25c RECD BY REGISTRAR'S SIGNATURE 25c RECD BY REG	udge



,				ID STATE DEPARTMENT OF F		
1		16160		, 301 W. PRESTON STREET, BALT		J953
				CERTIFICATE OF DEATH		
€ -(E/\)		CEASED-NAME First (pe or print)	Middle	Last	20 DATE OF DEATH December	2b HOUR
ir deat	2 51	JOHN	JOSEPH	COOLEY		0 1967 8:05 M.
il term	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (In years last) pirthday)	MONTHS DAYS HOURS MIN.
by the	1- 0	Male	White	Sept. 19, 18	9. COUNTY OF DEATH	
Pos Pos	COUN	IRTHPLACE (State or foreign try) cd. County, Md.	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED		•
filled paper thin 72	10.5	ITY OR TOWN OF DEATH	U. S. A.		Frederick Count AL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral season has been signed by the attending physician and campletely filled in by the funeral season has season the burial-transit permit. Then please remove carban papers regges I and sea with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 baurs af death and in the State Dept.		rederick	ove street address)	morial Hospital	ost of working life, even is retired.)	INDUSTRY PAYMENT
l wil	_		d lived, if institution. Residence before		MITS? 13e, STREET AND NUMBER	v art serten®
se executed within and campletely fil remove carban pin any event, within	adroi M.	ssian) STATE	13b COUNTY Frederick		None	
d cd mov mny		ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		Last
be ex and e rem		Levi	Cooley	Carol	ine	Thomas
ate cian easi	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY	1	Address	
e death certificate b attending physician bermit. Then please an, ar remaval, and i	L	es, na, Muknown) (If yes give wa	or dates of service) 218 24 99	24 AMrs. Ethel Lint	hicum, Boyds, Ma	
cer The The		1B. CAUSE OF DEATH (Enter anly	ane cause per line far (a), (b), and (c)	HI 1 A LIT	1 -	APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
eath andir ar re		PART 1 DEATH WAS CAUSED IMMEDIAT	BY: E CAUSE (a) Chrescel	- Arlery M	ancloses	7 days
atte		-	DUE TO, OR AS A CONSEQUENCE OF	1-1-0-		
t the sit in		Conditions, if any, which gave rise to immediate cause (a),	(b) Cerefial	Allrioscho	us	Jeans +
than than than the creater than the crea		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires that the physician. signed by the o burial-transit p burial, crematic		last.	{c)			
sign but		PART 2. OTHER SIGNIFICANT COND	DITIONS <u>CONTRIBUTING TO DEATH</u> BUT N	NOT RELATED TO THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART 1(a)	
law rending been so the rate	X OI	19d. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS (CONCIDEDED IN CERTIFYING
The Ic atten has t se as	CERTIFICATION	17d. DATE OF OPERATION 17b. C	ONDITION FOR WHICH OFERATION WAS FI	YES NO	CANSES OF DEATING	CONSIDERED IN CERTIFICATION
다 다 다 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마 마	CERT.	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		r nature of injury in Part 1 or Part 2,	Item 18.)
fical far far fire		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		, , , , , , , , , , , , , , , , , , , ,	
rsic aspi certi hed bt. a	MEDICAL	(If either, natify medical examinated INJURY OCCURRED 21e. F	PLACE OF INJURY / AT HOME, FARM, STREET FA	ACTORY.) 21f. LOCATION Street at R.F.D. Na	City or Town	County State
PH he he his etac Dep		While Mat while at work at wark	OFFICE BUILDING, ETC.	1		
NG yy therefore a distribute		22a. I certify that/(i) (this	haspital) attended the deceas	sed fram 194 1967, and that in (my) (aur) ap	7, to N2C 130, 19	67, that((I))(we) last
NDI ed b id b id b		saw the deceased ali	ve an Occ. of	1967, and that in (my) (aur) api	nian death accurred an the d	ate and haur and fram the
TI PR SET		22b. SIGNATURE	(I) (we) (did) (did not) view the	bady after death.	220	DATE SIGNED
OR A		220. SIGNATURE	Muddit	DEGREE PHYS.	TIATE CTARE	n.1, 1968
AL C		22d. PHYSICIAN S	The second	22e. ADDRESS		
PIT/ md ERA			is J. Riddick, M.	D. Frederick	Medical Center, F	rederiek, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page should be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 7.	23a	BUR AL, CREMATION, 23b. D.	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2 2 5 5 TM		PEMOVAL (Specify) Jan	. 2, 1968 Mt. 01	ivet Cemetery	Frederick, Ma	ryland
VR A15 (2)	24	FUNERAL DIRECTOR	creeks 112 - ADDRESS	5 Fadeley 250 REC'D I	BY REGISTRAR 25b. REGISTRAR"	S S GNATURE
30M REV 1/AB		M. R. Etchis	on & Son. Frederi	ek MarylandowA.	3 1968 Julian	Car Jung Low

Bu e 2 - , · * * <u>+</u> e er er vætt a a 9 y 50 6 0.7

2-1	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201
	4 7 0.4	E OF DEATH	23354
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and 2 with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 24 hours death.	PLACE OF DEATH Q. COUNTY Frederick MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if inst a. STATE Maryland b. C	titutian: Residence befare admission) COUNTY Montgomery
urs after Poges 1	b CITY OR TOWN (If autside carporote limits, c LENGTH OF STAY IN 16 write RURAL and give nearest town) Frederick 3 wks.	c CITY OR TOWN (If outside carparate hmits, write	RURAL and give nearest town)
d in b	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
y filled in paper in	Frederick Memorial Hospital 3 NAME OF DECEASED First Middle	Last 4. DATE N	Vanth Day Year
completely ove corbon y event, wi	(Type or print) Eugene (MAN) Cordell S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIRTH 9 AGE (n year	'S FUNDER LYEAR OF UNDER 24 HRS
in any event	M WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR	7-18-1887 last birthday	19 CITIZEN OF WHAT
icion a leose and in	Hurai Mail Carrier US Mail	Maryland	COUNTRY?
phys en p oval,	John Cordell	14 MOTHER'S MAIDEN NAME Mollie Streams	
ending mit. I	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates all service) 215—38—5144	Mrs. Nettie J. Cordel	ddress 1 Same as #2
the off sit pen nation,	18. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c).) PART I DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
prystian. signed by the ottending physicion buriol-tronsit permit. Then please buriol, cremation, or removal, and	4-1-1	Cu divorscular alessance	3
	Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause DUE TO	Che discourse al account	
rificate has been id for use as the of Health prior to	last. (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PARTAIO) I9. WAS AUTOPSY PERFORMED?
rate hor	ATelectoris; Vost operative	Kuptured Gallblatter. (Enter nature at injury in Part I or Part II of item 18.)	YES NO
certification for the control of the	OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		,
	p.m. 17 af wark 🗀 of wark	ACE OF INJURY (Harne, form, 20f (City or town ctary, street, affice bldg., etc.)	
R: After old be the Stat	21. I certify that (1))(this hospital) attended the deceased from saw the deceased alive an 2/20 167, and the	at death occurred at MAM, from caus	ses and on the date stated above
pe reformed SixeCTOR: / a 3 should ed with the	22a. IGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
Page 4 moy bu O FUNERAL DI director, page should be filed	22cc Physician's NAME (Type)	22d. ADDRESS	
TO FUNERAL DIRECTOR: / director, page 3 should should be filed with the	23g BJRIAL, CREMAT ON, REMOVAL (Sprify) 12-23-67 Clarksburg		r Tawn) (Caunty) (State)
A15 (4)	24. FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md.		REGISTERAR & SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ieral PLACE OF DEATH b. COUNTY o. COUNTY Frederick MARY! AND Frederick 6 CITY OR TOWN (If outside carparate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and a ve nearest town) aw requires that the death certificate be executed within 24 hours Frederick Frederick Years e IS RESIDENCE ON A FARM? d. STREET ADDRESS papers. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) NO 🚾 13h East Third Street 13h East Third Street 3. NAME OF DECEASED (Type or print) Middle 4. DATE Month Year Dov carban 19 67 DEATH December CREAGER RICHARD 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months Hours □August 22, 1882 MIDOWED DIVORCED Male White 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? physican a ien please INDUSTRY Frederick County, Md.

14. MOTHER'S MAIDEN NAME U. S. A. Custoffian 13. FATHERS NAME Mary A. Musser John Wesley Creager 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Burton M. Creager, Frederick, Maryland 214 10 1892 INTERVAL BETWEEN
ONSEL AND DEATH
FOR HOURS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: Myocardial failure IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove) Arteriosclerotic Heart Disease vears rise to immediate cause (o), DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) USe Recent Inflatenza type viral infection NO 🛣 ţ 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port) or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour om. Not While of work at work L 21. I certify that (I) (this hospital) attended the deceased from $\underline{1965}$ sow the deceased olive on $\underline{12/29/67}$ 19 ____, and that death 1967, that (I) (368) last ond that death accurred at 5:30 M, fram couses and on the date stated above. 22b. DATE SIGNED 22p SIGNATURE ATTENDING MED DIRECTOR Dec. 29, 1967 M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Toll House Avenue, Frederick, Maryland Gilcin F. Meadors, M. D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a BUR AL, CREMATION, REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery 2 Burial AN 3 1968 24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland

2 , 1. 1.

in the second of the second of

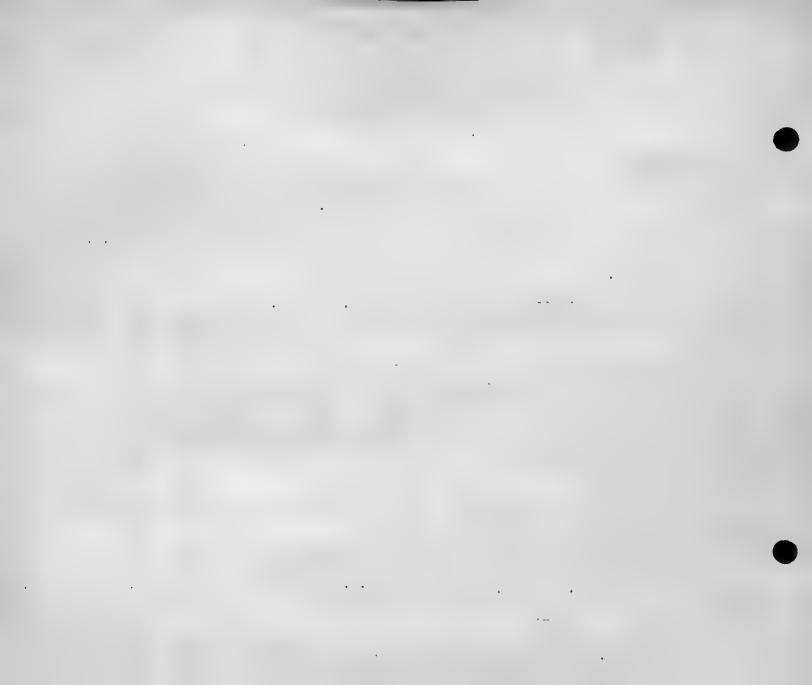
e

4, .

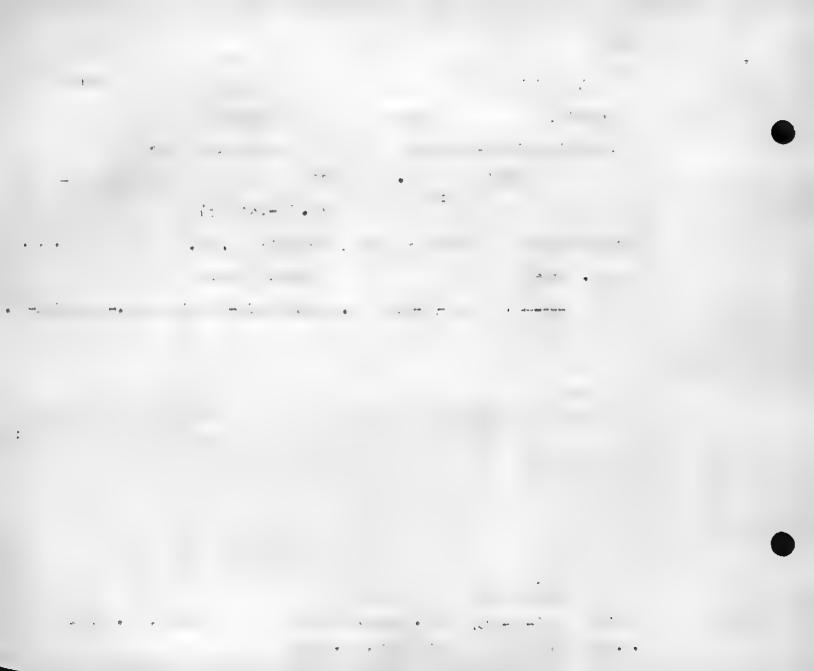
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 10256 HEALTH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY b COUNTY Page MARYLAND delay CLENGTH OF STAY IN 16 b CITY OR TOWN (If outside carporate limits. TOWN (If outside corporate mits, write RURAL and give nearest town) pup 2, and PM3. d NAME OF HOSPITAL OR INSTITUT ON (If not a haspital, give street address) (d. STREET ADDRESS IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, Examiner's Office alang with farm YES MO haurs ofter death 3 NAME OF Middle First Last DATE Manth Day Year DECEASED OF (Type or print) DEATH S SEX AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Dovs Haurs WIDOWED DIVORCED in any event within 72 haurs after death 10a USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY This certificate shauld be executed within 24 Farmer 13. FATHER'S NAME 15 WAS DECEASED EVER IN J. S. ARMED FORCES? 17 INFORMANT 'pending in lef Medical E (Yes, no, ar unknown) If fives give war or dates of service INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for of ONSET AND DEATH PART I DEATH WAS CAUSED BY the Chief IMMEDIATE CAUSE (a) writing the word DUF TO Conditions, if ony, which gove (b) farwarded ta nse to immediate couse (a), DUE TO stating the underlying cause 90 PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) WAS AUTOPSY PERFORMED? ar remayal, CERTIFICATION YES X NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 1 of Item 1B.) 3 should PRIMARY TO or CONTRIBUTING TO MEDICAL EXAMENER: CAUSE OF DEATH cremation, 20e PLACE OF INJURY (Hame, form 20f (City or tawn) 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED YOUT Not While factory, street office bldg .etc } at work please execute 21 I certify that I took charge of the remains described above, held on Autopsy nspection Inquiry and in my opinion may be refamed to: FUNERAL DIRECTOR: Notural couses funeral director. death resulted from: Accident Suicide Homicide Undetermined manner be retained CHIFF MFD, CAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prier t SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 24 FUNERAL DIRECTOR VR ATSME (6M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ₹7.± Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick davs Rural Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital papers. n 72 ho completely NO. Quinn Road Route # NAME OF Middle 4. DATE Month DECEASED OF **HARRY** within (Type or print) CLYDE DAVIS DEATH December 12. 67 19 carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS and lest birthdey} in any event, The law requires that the death certificate Male White Sept. WIDOWED [DIVORCED 1896 physician Then please remove 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY. done during most of working life, even if retired) Self-employed Machinist Machinist Carroll County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be retained by the hospital or attending physician. SCIOR: After this certificate has been signed by the attending and Louella Conaway Oliver T. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? or removal, 16. SOCIAL SECURITY NO. I 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give we rordeles of service) Mrs. Pearl T. Davis Frederick, Maryland burial-transit permit. 6 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. cremation, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (e), steting the underlying the DIRECTOR: After this certificate should be detached for use as the state Dept, of Health prior to bu CONTRIBUTING TO DEATH BUT PART II OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? YES NO 200 ACCIDENT WAS JNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW IN. URY/OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on L.R. 22 SIGNATURE 22b, DATE SIGNED Puneral PHYS. DIRECTOR rector, page PHYS. M.D. 226. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr M: D. 804 Toll House Avenue Frederick. Filed Henry V 23d. LOCATION (City, town or county) 230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0:52 REMOVAL (Specify) Frederick, Maryland Mount Olivet Cemetery Buria 24 FUNERAL DIRECTOR'S CSTG NAJURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick. Maryland | DATE NE



1 1		Div	vision of STATIST					INT OF HEA STON STREET,	LTH , BALTIMORE, M/	ARYLAND 21	201	
4/1)		16965			CI	ERTIFICAT	E OF D	EATH		10	958	
by the funeral by the funeral cours after death	(CITY OR TOWN (IE o	rederick	,	c LENGTH O	MARYLAND F STAY IN 16	o. STAT	Maryl R TOWN (if outsid	and le corporate limits, writ	COUNTY F1	rederi	.ck
In by	(write RURAL and gi Frede:	OR INSTITUTION (If no				d STREET	Frede	rick	/	e.]	S RESIDENCE ON A FARM?
within 24 ho ely filled in ban papers within 72 h			rick Memor		*	\$ M			lilson Plac		YES	☐ NO 🔀
campletely ove carban y event, wit	(NAME OF DECEASED Type or print)		rian	Mi-	ddle •	Davis			Month December		
e executed with and campletely remove carban any event, wit	5 S		COLOR OR RACE	7 MARRIED WIDOWED		MARRIED	8. DATE OF Dec.	30-1909	9 AGE (In ye) 57	ογ) Manths yrs.	Doys	UNDER 24 HRS Hours Min
ertificate be ex physician and nen please rem iaval, and in an	duri	usual occupation (G ng most of working te Retired 1	ve kind of work done even if refired) 'eacher	IN	IND OF BUSINE DUSTRY Mentar	ss or y School	. Fre	derick C		12 (IT ZEN OF W OUNTRY?	J.S.A.
certifice g physi Then pf maval,		John R.	Dorsey				Ma	ers maiden nam argie Al				
ne death cer attending p permit. The ion, ar rema	1S (Ye	WAS DECEASED EVER 1 s, no_or_unknown) (If NO	VUS ARMED FORCES? yes give wor or dotes o	f service) 16.	social securi 9 –36–4		INFORMANT Dona	ld Davis	-642 Wilso	Address on PlF	reder	ick-Md
equires that the physician. Signed by the burial-transit burial, cremat		PART I. DEATH Conditions, if only, wirise to immediate a stoting the underlyilost.	ouse (o), DUE	(0) MG 10 (b) CAI	TASTA			14 OF BI	2412		. ON SET	AL BETWEEN AND DEATH A S
AN: The low re all ar attending icate has been for use as the Health priar ta	ATION	PART II. OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE CONDIT	TION GIVEN IN PART 1	(0)	19. W. PE YES	AS AUTOPSY REFORMED? NO
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	MEDICAL CERTIFICATION	200 ACCIDENT WAS UP OR CONTRIBUTING CO (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)		SCRIBE HOW 18			e of injury in Port Y (Home, form,	t I or Port II of item 1		ounty)	(Stote)
ING PH by the 1 frer this be deta state De	MEDIC	20c TIME OF INJURY Hour o.m. p.m.	19	While at work	k Not Whi	ile 🔲 for	tory, street, a	ffice bldg , etc.)	10)2/25			(I) (MB) lo
R ATTENDING PHYSIC retained by the haspit RECTOR: After this certi 3 shauld be detached with the State Dept. all			thot (I) (this hos eased alive an		19_	67, and the	at death o	ccurred at 1	210 M, from cou	uses and an	the date s	stated abov
y be re possible of the possib		22c. PHYSICIAN'S	Oma	Lon				ADDRESS DIF	RECTOR L PHYS.	0 12	125/6	7
O HOSPITAL OF Page 4 may be of FUNERAL DIR director, page shauld be filed	22-	NAME (Type) C	Z3b, DATE THE			OF CEMETERY OR	(DEMATORY	Tout He	23d LOCATION (City	Or Town	(County)	(Stote)
Page direct		REMOVAL (Specify)	12-28-		Mt.	Olivet 0	emete		Frederick	k, Md. 2	21701	(31010)
VR A15 (4)	24	M.R.Etch	ison & Son	d 7.	Frede	rick, Mo	2170	DATE DE C	2 7 1967	Sb. REGISTRAR'S	MAY X	udgle.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16986 15959 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2000 FOR STATE HEALTH DEPT USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Penna. Frederick b. COUNTY 2 0 MARYLAND Westmoreland b CITY OR TOWN (If autside carporate imits, c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) CLENGTH OF STAY IN 16 Frederick Jeannette d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Highway - scene of accident 453 Cedar Ave pencil in Item 18. Give Pages YES NO Y 24 hours after death. NAME OF Middle 4 DATE Last Dov Year DECEASED Clifford Allen 1967 Deeds Dec. (Type or print) DEATH 19 6. COLOR OR RACE IF LINDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years 21 vrs Months Dovs HOLES DIVORCED DOC. White 15. 1945 Male WIDOWED 11 BIRTHPLACE (State or foreign country) 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Pittsburgh Pa. 13. EATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Clifford Louise Butker H. Deeds 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 176-36-3514 U.S. Navy records CAUSE OF DEATH (Enter only one couse per Jiff INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) certificate, writing the ward DUE TO Conditions, if ony, which gove (b) nse to immediate cause (a). DUF TO stoting the underlying couse lost. PEREORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALI DISEASE CONDITION GIVEN IN PART 1(6) 200 EXTERNAL CAUSE WAS PRIMARY LA CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 3 should 4 shauld CAUSE OF DEATH 20c. TIME OF NJLRY Month, Doy, Year 20d NJURY OCCURRED 20e, PLACE OF INJURY (Home, form ((by or town) County' Not While 19 67 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy 🗵 inspect on Inquiry and in my opinion Undetermined manner death resulted from Natural causes Accident A Suicide Homicide | be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER "TE **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) 0 Westmoreland Mem. Pk. Hempfield Township.

ADDRESS 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 12-7-1967 VR A15ME (5) Salumone Funeral Home Frederick, Md. Ocharles 1967 6M 1/67 DATEDEC 6

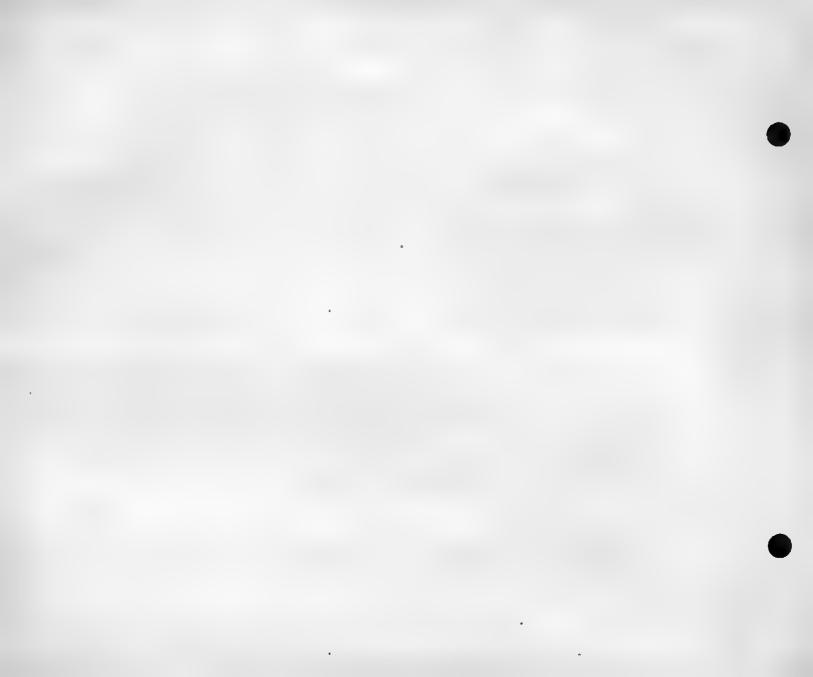
ę

1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	16967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
EALTH DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
22 26	o. COUNTY Trederick MARYLAND MARYLAND MORTI and Traderick
delay and 3 13. Pag ment r deat	Frederick MARYLAND Maryland Frederick b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
deld and M3. I	write RURAL and give nearest town)
F. 4 F.	Frederick Life Frederick
12 B 14 - 12	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e is RESIDENCE ON A FARM?
Pages 1, 2, ovith form—PN vith form—PN 72 hours after	148 W. All Saints Street 148 W. All Saints St YES NO 5
Pag St.	3 NAME OF First Middle cast 4 DATE Month Day Year
offer death 8. Give Pagi along with with the Sta within 72	(Type or print) Bernice Mabel Delauter Death December 5 1967
fter di Give ang w th the	S SEX 6 COLOR OR RACE 7 MARRIED 17 NEVER MARRIED 1 B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
00 0 3 -	last birthdoy) Months Days Haurs Min
haurs Item 18 Office and 2 v	Poma 16 Negro W BOWED DIVOKCED 7-12-1928 39 yrs 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
of la	during mast af working life, even if retired) INDUSTRY
24 in ser's ges any	Clerk Store **** Maryland U.S.A.
within 24 pencil in I caminer's (te pages 1 te pages 1 nd in any	13 FATHER'S NAME
Frite and	William Roberts Mabel Thompson
Pd IIII	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Mc
xecuted Iding" i Medical permit. maval,	No ###### 215-26-7738 Charles L. Delauter 148 W. Saints St
e execute pending" if Medical sst permit remaval,	18 CAUSE OF DEATH (Enter any one cause per ling for (o), (b), and (c)), /
2 : in E P	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HOUTE CONGESTIVE HEADT FAILURE ONSET AND DEATH
should e word a the Ch vurial fro	DUE TO COMPANY TO THE TOTAL TOT
Sho unit	Conditions, if any, which gave (b) CORUNURY GRIEDY OCCLUSION
the the the date	status the underlying cause DUE TO
fica ing ded ded	10ST (1) MATERIOSCLERUTIC CARDIOCASCULLAR DISCISC
This certificate shates, writing the be farwarded ta labe used as a burr ta burral, cremo	PART II OTHER S GNIEICANT CONDITIONS CONTRIBITING TO DEATH RIIT NOT PETATED TO THE TERMINA DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALLTOPSY
fary fary	PERFORMED? YES NO 20a EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI
to be dat	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of Item 18.)
#E - P .9	PRIMARY Or CONTRIBUTING O
NER: 1 certific hauld b lles. shauld t, prior	CAUSE OF DEATH. 2 Oc. T ME OF INJURY Month Day, Year 2Dd INJURY OCCURRED 2 Oe. P.ACE OF INJURY (Home, form, 1 20f. (City or town) (County) (State)
AMINE of the control	Hour o.m. While Not While foctory, street, office bldg., etc.)
A Pa ge ute	p.m. 17 at wark at wark
DEPUTY MEDITAL EX ressary, please execut e funeral director. Pag may be retained far y FUNERAL DIRECTOR: Pe path or its designated	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinio death resulted from: Natural causes, , Accident , Suicide , Hamicide , Undetermined manner
Se consideration of the consid	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .
MEDI lease direct staine DIREC	ACTUAL (/ Trans / Marie Signer
- o - a - v	SIGNATURE MD RESISTANT MEDICAL CAAMAGER
Ssary, a ssary, a funeral ay be r NERAL th ar it	EXAMINER'S DEPUTY MEDICAL EXAMINER Address (Street city love or county) Fire of 35d / 2/5//-
o DEPUTY necessary, the funeral 5 may be 1 0 FUNERAL	NAME (Type) Robert J. Thomas Address (Street, city, town, or county) Fred, Md
necessa the fun 5 may 10 FUNE	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty or Town) (County) (State)
A	burlai 12-8-1967 Fairview Frederick Fred Md
VR ARSMENSAL	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE DATE OF C 7 1967 (Clearles Subgrants)
6M 1/66	C.E. Hicks. 111 Frederick Md DATE DEC 7 1967 Charles Judge:

MARYLAND STATE DEPARTMENT OF HEALTH



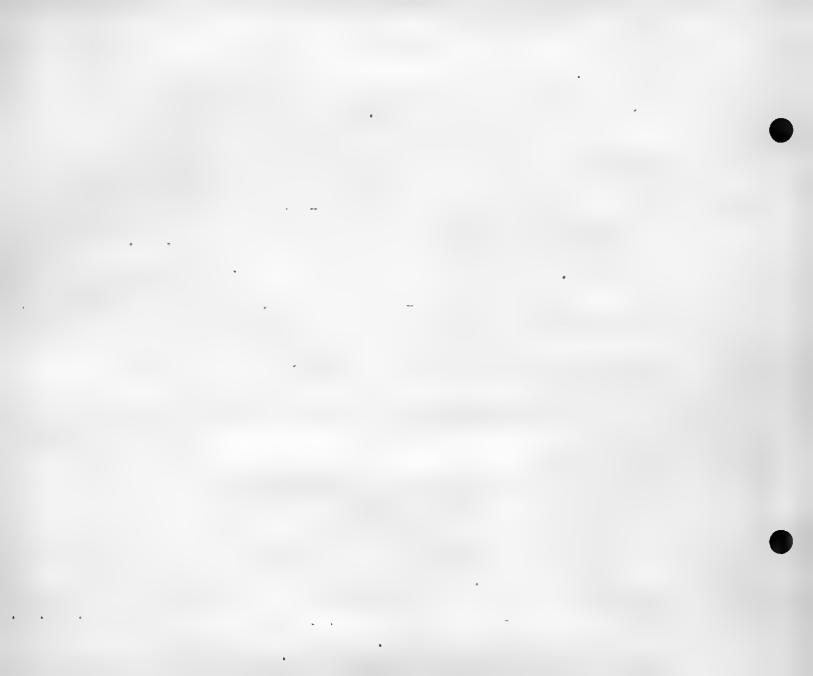
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE 16961 OF DEATH requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on. Residence before admission) dec o COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 limits, write RURAL and give negrest town) write RURAL and give negrest town) 200 FREdERICK 72 holy filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DODGES ON A FARM? NO D NAME OF Fores Middle carbon Doy Year DECEASED OF DEATH 1967 4000 and in any event, (Type or print) SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH AGE (In veors IF UNDER 24 HRS 7 MARRIED remave birthdovi Months WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired)
Owner & Operator Taxi Cab. COUNTRY? physician 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys burial, cremation, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Virginia Dixon(Same as item #2) No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO RENAL FAILURE Conditions, if only, which gove rise to immediate cause (o), DUE TO stoling the underlying cause DECLEROTIC HEART DISENSE State Dept. of Health prior to has been last WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ESECTION NO certificate 20b DESCRIBE HOW INFURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 2Gc. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (Cry or town) (State) (County) 9 foctory, street, office bldg., etc.) Hour c.m. ot work of work 21 I certify that (1) (this haspital) attended the deceased from Alexander 8, 1967. to DEC 11, 1967, that (1) (we) last 19 7, and that death accurred at/12 PM, fram causes and an the date stated above saw the deceased alive an DEC 11 O FUNERAL DIRECTOR: 22b. DATE SIGNED 22o. SIGNATURE MD DIRECTOR page 22d. ADDRESS 22c/ PHYSICIAN S NAME (Type) director, po INE ZMOSK BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 (County) REMQVAL(Specify) Dec. 11.1967 | Mount Olivet Cemetery Frederick, Maryland Burial 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Ed. 25M 1/67



, 1	Items 18&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH 12-28-67 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		962
HEALTH DEP	1 PLACE OF DEATH 0. COUNTY 2 USUAL RESIDENCE (Where deceased lived, if institution Residual of STATE b. COUNTY	
\$ m € to	Frederick b CITY OR TOWN (I autiside carparate mits, write RURAL and g write RURAL and give nearest tawn) Maryland F) C ENGTH OF STAY IN 1b C CITY OR TOWN (II autis de carparate mits, write RURAL and g	rederick
delo and m3 tri	write RURAL and give negrest tawn)	en .
Physical Physics (1) 2, or physical physics (1) 2, or physics (1)	Frederick 2 days Rural Mt.Airy d NAME OF HOSPITA, OR INSTITUTION (1) not in haspital, give street address) d STREET ADDRESS	e S RESIDENCE ON A FARM?
John Market Mark	Frederick Memorial Hospital Rt 1 Mt Airy P.O. Md	YES NO TO
Page with with	3 NAME OF First Middle Last 4 DATE Manih DECEASED OF	Doy Year
ter o		10 19 67 R I YEAR F UNDER 24 HRS
s afo 18. 2 wi th.	last birthday) Manths	Days Haurs Min
hour tem Office and!	10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
24 In It	Laborer Waryland I Amother's Name 14 Mother's Manual I	U.S.A.
thin mine pag		
Exor File 2 ha	Robert Norman Dorsey Carrie B. Loud 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address	
urtec Incal Incal Inn 7	Yes 4-62-4-63 213-40-2588 Carrie L. Dorsey Rt 1 Mt	Airv.Md
e shalld be exacted within 24 hours after death It he word 'pending'' in pencil in Item 18. Give Pages 1 to the Chief Medical Examiners Office along with farm burial-transit permit. File pages 1 and 2 with the State of any event within 72 hours after death.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)	INTERVAL BETWEEN ONSET AND DEATH
be por programment programs and programs went	· IMMEDIATE CAUSE (o'	ONSET AND DEATH
word word he (he (iol-t	Conditions, if any, which gave } (6)	
to the property of the party of	nse to immediate cause (a), stating the underlying cause	
ficate ing th rate t as a and r	kast. (c)	
ITY MEDICAL EXAMINER: This certificate shalld be exercited within 24 hours after death if any delary, please execute the certificate, writing the word 'pending' in penal in Item 18. Give Pages 1, 2, and eral director Page 4 should be farwarded to the Chief Medical Examiners Office along with form PM3 be retained for your files. RAL DIRECTOR: Page 3 should be used as a build-transit permit. File pages land2 with the State Department to build, cremation, or remayal, and in any event within 72 hours after death.	PART II OTHER SIGN F CANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE COND TON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
This icate be for the rem	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW NURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH	I IS MY INC
FR: ertif ould ss. nault	PRIMARY Or CONTRIBUTING CAUSE OF DEATH	
MINER: the cert 4 shaul ur files. e 3 shau	Haur a m. While Nat While factory, street, olfice bldg , etc.]	(State)
EXA cute orge yan Pog	21. I certify that I taak charge of the remains described above, held an Autopsy Inspection I, Inquity	, and in my apiniar
execute Part Part Part Part Part Part Part Part	death resulted from. Natural causes	
JTY Mebrica ry, please eyeral director be retained RAL DIRECTO	CHIEF MED CAL EXAMINER	
Y N pla	M.D. ASSISTANT MEDICAL EXAMINER L.	22. DATE SIGNED
netessary, please execute the funeral director Poge 45 moy be retained for your TO FUNERAL DIRECTOR: Poge Health priar to burial, cremains	NAME (Type) Robert J. Thomas Address (Street, city, town, or county Fred . Mo	fc. 10, 1967
necessar the func 5 may b 0 FUNE	230 BUR.AL, CREMATION, 236 DATE THEREOF 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
5 25 - 21	REMOVAL (Specify) Burial 12-12-67 Dorsey Chapel Rural Mt.Airy ADDRESS 250 RECD BY REGISTRAR 25b REGISTRAR 25b REGISTRAR 25c REGISTRAR	Fred. Md
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR 3	SIGNATURE DESCRIPTION
6M 1/67	C.E. Hicks, 111 Frederick, Maryland DATE UEC 12 196/	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15253 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Frederickon Maryland Frederick MARY: AND c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, C. LENGTH OF STAY IN 16 50 Smithsburg RD 1 WIS. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in bospital give street address) d. STREET ADDRESS Home 0wn NO TX NAME OF 4 DATE Lost Year signed by the attending physician and campletely burial-transit permit. Then please remave carban DECEASED OF DEATH **EDGAR** DRAPER 8 C. Dec. 19 67 (Type or print) IF UNDER 1 YEAR S SEX DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Haurs 11-16-189/ male white DIVORCED WIDOWED 1) BIRTHPLACE (County & State, or foreign country) 10a USUA, OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT Contractors COUNTRYS during most of working life, even if retired)
Carpenter Frederick Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval Mary JaneWeddle Hanson C. Draper 17. INFORMANT Address IS. WAS DECEASED EVER IN ILS. ARMED FORCES? 16. SOCIAL SECURITY NO RDl (Yes, no, ar unknown) (If yes give war ar dates of service Smithsburg. 217-10-919LB Buelah E. Draver Md. NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line fec (a), (b), and (c).) ONSET AND DEATH-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been 19 WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO the hospital ar ā 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I at Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg , etc.) Hour a.m. at wark 21. I certify that (I) (this hospital) attended the deceased from 196/, to_ 12-5, 19 6 7 that (1) (we) last 72-5-19 67, and that death occurred at 320M, from couses and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Thurmont, Mar yland NAME (Type) Thomas A. Love director, shauld b 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) . (County) 230 BURIAL CREMATION. REMOVAL (Specify)
Burial Garfield Fred. ColMd. Garfield U.B. Cem. 2So, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Raymond



, , 1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	*6371 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) 9. STATE DATA DATA DE COUNTY DE LA COUNTY D	
3 to 3 to age	INTEDEXICK MARYLAND INTEXT IND FREDEXICA	
ny delay is 2, and 3 to PM3. Page	b (ITY OR TOWN (If outside corporate limits, write RURA, and give nearest fown) write RURAL and give nearest fown) DOPT FREDERICK RURAL	
A S TO S		_
I within 24 haurs after death If any in pencil in Item 18. Give Pages 1, 2, of Examiner's Office along with farm PN File pages Land 2 with the State Depart 2 hours after death.	MEMORIAL HOSPITAL ASPITAL d STREET ADDRESS e IS RES DENCE ON A FARM? YES NO	X
Stat State	3 NAME OF First Middle Lost 4 DATE Month Doy Year	
r de P	DECEASED (Type or print) NORMAN CLYDE ECKER DEATH DEC 25 1967	
after death 8. Give Page along with I with the Stat	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years 15 UNDER 1 YEAR 15 UNDER 24 H	
haurs Jffice o and 2 v	WIDOWED DIVORCED JUNE 2-19/3 54 VIS	_
24 haurs In Item I rs Office es land 2	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 b Kind of Business or line British ACE (State or foreign country) 11 BIRTISPLACE (State or foreign country) 12 CITIZEN OF WHAT (OUNTRY?) COUNTRY?	
hin 24 nal in niner s pages urs affe	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
within 24 haurs o pencl in Item 18. xaminer s Office a le pages Land2 w hours after death.	RABERT ECHER ROSA STRINE	
in Fire Fire Fixed w	15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT Address	
executed winding" in p. Medical Eximple Eximple Eximple Eximple Permit. F.I. within 72 h.	(Yes, no, or unknown) (If yes give wor or dates of service) 215-07-8908 ROBERT ECKER LE GORE MI)
e execui pending ef Medic s't perm nt within	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH ONSET AND DEATH	
ld be rid "pe (Chief trans trans tevent	C12 4 IMMEDIATE CAUSE (0) Whiteen of struck & of white	
the ward "per the ward "per ta the Chief to burial-trans"t in any event	Conditions, fory, which gove) (b) Overlain R. Laner Sx Frenity	
the sh ta t ta t ta t in au	rise to immediate couse (o),	
	stoting the underlying couse (c) Multiple Fractions	
cert ficat , writing arwarded used as oval, and	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (6) 19 WAS AUTOPSY PERFORMED?	
This critate, be far al be ur remover	¥E NO	
4-2-2-	PERFORMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY BLOF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. CAUSE OF DEATH.	
EXAMINER: ute the certificate the certificate the certificate the certificate that the certif	3 20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 2 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State)
	Hour om 12-25 19 67 of work of	6.
MEDICAL EXA please execute director Page retained for you DIRECTOR: Page In to burial, creating the purial, creating the purial, creating the purial of the	21 certify that I taak charge of the remains described above, he'd an Autapsy Inspection , Inquiry , and in my opin	iian
rical e exerctor P red fair burial,	death resulted tram: Natural causes , Accident , Su'cide , Homiciae , Undetermined manner	
UTY MEDICA Iny, please eseral director be retained RAL DIRECTOR	ACTUAL SIGNAL CHIEF MEDICAL EXAMINER () 22. DATE SIGN	JED
ury nirry, pliny, pliny, pliny, pliny, pliny, pliny, pliny, pliny, priny, priny	SIGNATURE OCCOUNTY MD ASSISIANI MEDICAL EXAM NER	
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, crema	EXAMINER'S NAME (Type) ROBERT ST THOMAS Address (Street, cty, town, or county)	17
	230 BURIA., CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
5 = = ~ 5 = /	BURIAL 12/28/67 OAK HILL LE GORE MD	
VR ATSME ISH	24 SUNERA DIRECTOR ADDRESS 250. REC D BY REGISTRAR 256 REGISTRARS SIGNATURE Privally American Junger	
6M 1/67 (4)	LAURENT MURELON CLASTICIANO // DATE DE LO LO 1091 /1	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16572 CERTIFICATE OF DEATH death. The law requires that the death certificate be executed within 24 haurs after death filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY Frederick Maryland b. COUNTY Frederick 2 hauts after MARYLAND ages b EITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town)
Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Dill Avenue Dill Avenue NO 30 and in any eventyweth NAME OF Middle Month and campietely fremave carban First Lost 4. DATE Year Pan L DECEASED Eissler 9-December 67 Cora May 10 (Type or print) DEATH S SEX JE .. NDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE B DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED 96 ost birthdoy) Hours White May 2- 1871 Female X WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 10c JSUAL OCCUPATION (Give kind of work done physician a ien please during most of working life, even if retired) COUNTRY? INDUSTRY Frederick Co. Md. U.S.A. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, ar removal, Laura Wren George Emory Basford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Md.21701 16 SOCIAL SECURITY NO (Yes, ng. or unknown) (If yes give wor or dates of service) Miss Bessie Boswell- 253 Dill Ave.-Frederick 220-11-0323 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) } signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a). **DUF TO** stating the underlying couse FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the Bould be filed with the State Dept. of Health priar ta (c) 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO DE 20e ACCIDENT WAS UNDERLYING □ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 1967 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 19 6.7, and that death accurred at 9:30M, fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 226. DATE SIGNED 12-10-1967 MED DIRECTOR STAFF **ATTENDING** 22d. ADDRESS 22c PHYSICIAN NAME (Type) 220 N. Market St.-Frederick, Md.21701 Dr. Rex R. Martin 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230. BURIAL CREMATION REMOVAL (Specify) Frederick, Md. 21701 Mt. Olivet Cemetery 0 M.R. Etchison & Son 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Frederick, Md.21 1967 Williamlen DATE DEC



1 * . m 5 4,5 s deduce on * }

and the second of the second o

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10074 1496 CERTIFICATE OF DEATH Fisher 20 DATE OF DEATH DECEASED-NAME Daniel Middle 26 HOUR death. death. Luther Dec. Month (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lam requires that the death certificate be executed within 24 hoors after bages last-hirthdoy) MDNTH5 DAYS Male White March 7,1880 76. BIRTHPLACE (State or foreign country) Maryland 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED PA NEVER MARRIED U.S.A. Frederick the attending physician and completely filled in sit permit. Then please remove carbon papers WIDOWED [DIVORCED [] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Wind the Gold and Day during most of working life, even if retired) Braddock Heights INDUSTRY P 22 P m Conv. Home 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Marylan(13b. COUNTYFrederick 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES 🗔 NO TY 15. MOTHER S MAIDEN NAME First Elmira Delaughter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address 217-28-1312 Tegno, or unknown) Enza Fisher Frederick, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) B la When (asen one 1010 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO-F-YES 🔲 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased from Service 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) director, Shauld be 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) 230 BURIAL, CREMATION Dec.28,1967 BunEMDVATSpecify) Lutheran Cemetery Middletown Md. Fred. RECE BY REGISTRAR 19 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR Middletown, Md. DATE Gladhill Company



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13968 and death requires that the death certificate be executed within 24 haurs after death. by the funeral-1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Frederick MARYLAND Maryland Frederick b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Sinou Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE physician and campletely filled in ON A FARM? 3h7 W. Patrick Street 347 W. Patrick Street NO BC carban 3 NAME OF First Middle DATE Month Lost DECEASED CHARLES EDGAR FOX 19 67 (Type or print) DEATH Defember S. SEX AGE (n years IF UNDER 1 YEAR IF JNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remave lost birthday) Dovs Hours April 5,1893 White WIDOWED DIVORCED Male 12 CITIZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Retired U.S.A. please Fort Detrick Frederick County, Maryland
14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal. Elizabeth Palmer Clayton Fox 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no or unknown) (if yes give war or dates of service) 212 24 3443 Mrs. Viola Fox (Same as item #2) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p burial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARTERY DISEASE CURONARY IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stoting the underlying couse by the hospital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPS PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION far use NO FC YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not White at work 21. I certify that (1) (this hospital) attended the deceased from , 19<u>67</u>, thoy (1) (we) lost 19 65, to 12/2 15 __ 1967, and that death accurred at 4 A M, from chuses and on the date stated above saw the deceased olive on. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** Dec. 21, 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S Page 4 may director, por NAME (Type) Richard C. Reynolds. M.D. Toll House Ave. Frederick, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 230. BURIAL CREMATION, (County) (Stote) REMOVAL (Specify) D c.24.1967 Rocky Springs Nr. Frederick, Maryland 256 REGISTRARS SIGNATURE ADDRESS - ALCO 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 DAREC M. R. Etchison & Son, Frederick, Maryland

ę 4.3

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16969 requires that the death certificate be executed within 24 haurs after death. by the funerol death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Marvland Frederick b CITY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURA, and a ve nearest Jawn) **DUTS** Frederick vears Frederick the attending physicion and completely filled in sit permit. Then please remove carban papers. papers hin 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d STREET ADDRESS Frederick Memorial Hospital 249 Dill Avenue YES NO X 3 NAME OF Middle 4. DATE Last Day Year DECEASED Elizabeth 1967 (Type or print) Lena Gerrich DEATH December S SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Days Haurs Female White WIDOWED DIVORCED June 23-1902 12 CITIZEN OF WHAT 10a USUAŁ OCCUPATION (G ve kind af wark dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** Retired Clerk Hanover- Pa. Rug& Drape Store II.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. John Keller Gerrich Carrie Irene Carmack 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address 21701 (Yes, na, ar unknown) (If yes give war ar dates of service) ö 220-26-5901 Marion D. Carmack-Jr.-Rt.6 Frederick, Md. No cremotion, NTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter anty one cause per line for (a), (b), and (c) buriol-tronsit PART . DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO buriol. Canditions, if any, which gave rise to immediate couse (a), DUE TO r this certificate has been si detached for use as the b te Dept. of Health prior to b stating the underlying cause Page 4 may be retained by the hospital or attending lest WAS AJTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda, etc.) Hour a.m. Not While at work TO FUNERAL DIRECTOR: After 21 I certify that (1) (this haspital) attended the deceased fram 3 should twith the S and that death occurred at 10 45 M, from causes and on the date stated above saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 M.D. PHYS DIRECTOR PHYS. 22c. PLYSICIAN'S 22d ADDRESS NAME (Type) LeRoy T. Davis Prof. Bldg. - Frederick.

23c NAME OF CEMETERY OR CREMATORY

ADDRESS Thetmore

Glade Cemetery

Frederick, Md. 21701

23d. LOCATION (City or Town)

.25b. REGIS

Walkersville

25a. REC'D BY REGISTRAR

(County)

(State)

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

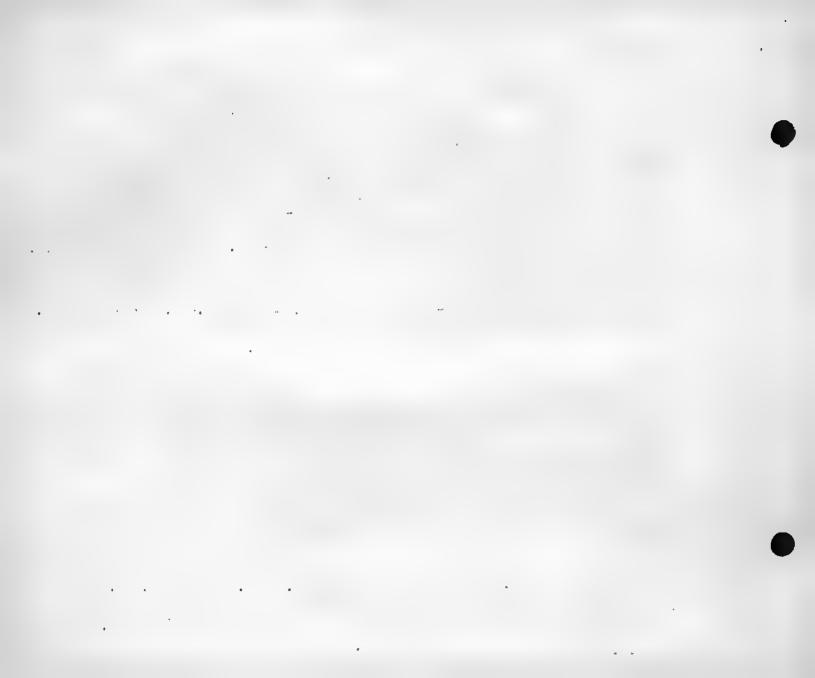
20 M 1

REMOVAL (Specify)

M.R. Etchison & Son

23b. DATE THEREOF

12-8-1967

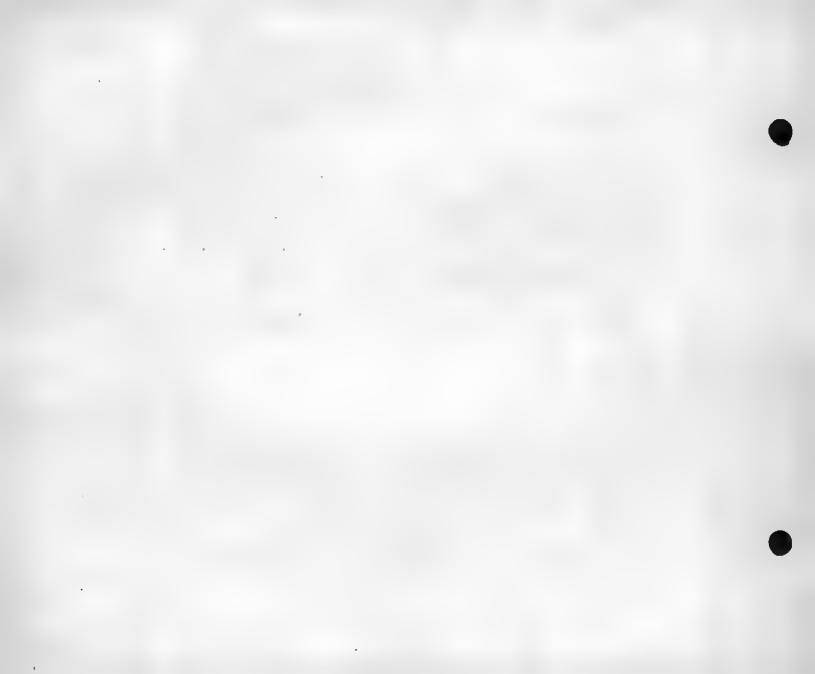


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. death, funeral i and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. CHINTY derick Maryland itled in by the fun papers. Pages i h il 72 havrs after o MARYLAND b CITY DR IDWN (If outside corporate limits, write RURAL and one neorest town)

Trederick c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Days Jefferson d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) e. IS RES.DENCE ON A FARM? d. STREET ADDRESS campletely filled Frederick Memorial Hospital NO E Jefferson YES int_{pay}eath NAME OF drban Middle DATE Month Day Year DECEASED AWKER ST. Richard DEATH December (Type or print) W. SEX 6 COLOR OR RACE OATE OF BIRTH 9. AGE (n veors IF UNDER I YEAR IF UNDER 24 HRS **NEVER MARRIEO** 7 MARRIEO and in any ev remave 64 last birthdoy) Months Dovs Hours Male White WIDOWED DIVORCED May 23, 1906 puo 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) attending physician o sermit. Then please Potomac Edison Co. COUNTRY? A. Jefferson, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remayal, Mary Pearl Joseph Hawker 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) Pauline Hawker, Jefferson, Maryland 217 10 9429 CAUSE OF DEATH (Enter only one couse per and for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO acadel Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stoting the underlying couse has been detached for use as the te Dept. of Health priar to lost WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO. 10 FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [20b OESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! MEDICAL 20c TIME OF INIJRY Month, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, ((ity or town) (County) (Stote) Hour oim foctory, street, office bidg. etc.) Not While at work 21. I certify that (4) (this haspital) attended the deceased fram. 10 1 Juc. 25 196), that # (we) last O HOSPITAL OR ATTEND Page 4 may be retained О , page 3 should be filed with the and that death accurred at 935 P.M. fram causes and an the date stated above saw the deceased alive an. 25/67 19 220 SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR M.O PHYS 22d ADDRESS 22c PHYSICIANS Toll House Ave. Frederick, Maryland NAME (Type) A. Austin Pearre, Jr.M. D. director, I BURIAL, CREMATION, REMOVAL (Specify) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. 1DCATIDN (City or Town) Lutheran Cometery Jefferson, Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) M. R. Etchison & Son, Frederick, Maryland DATE

**. E (elo.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick MARYLAND b CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c C.TY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) 2, ond : PM3. B Baltimore Frederick d STREET ADDRESS IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5011 Gwynn Oak Ave Frederick Memorial Hospital YES NO in Item 18. Give Poges This certificate should be executed within 24 hours ofter death 4 DATE NAME OF Middle Last Month olang with OF DEATH DECEASED Mollie Jones (Type or print) 8. DATE OF BIRTH 9. AGE (In veors S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) 80 yrs. Months Doys Hours White WIDOWED TO DIVORCED Oct. 12, 1887 in ally event within 71 hours ofter death Female 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired)
Retired INDUSTRY Nursing Home own. St. Marys Co. Md. please execute the certificate, writing the word "panding" in pencil in director Page 4 should be forwarded to the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Elizabeth Thomas E. Fenwick IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service John L. Fenwick 5011 Gwynn Oak Ave. 1B. CAUSE OF DEATH (Enter only one couse per line (5) (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave use to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) or remitival, J. NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury, in Port I or Port II of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 20c TIME OF INJURY Month Doy, Year foctory sheet, office bldg , etc.) Not While of work of work 12-10 196 21. I certify that I took charge of the remains described above held an Autapsy Inspection . Inquiry , and in my apinian 5 Undetermined manner Accident 1 Homicide deoth sesulted from Notural causes Suicide []. CHIEF MEDICAL EXAM NER prior to 22. DATE SIGNED ASSISTANT MED CAL EXAM NER DEPUTY MED CAL EXAM NER ⊱ **EXAMINER'S** Robert Thomas 5 may to FUNER Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) Ridge Md. Friendship Meth. Cemt, Burial 25b REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME (SIL Mianles Judge 6500 York Rd. Mitchell-Wiefefeld Home 6M 1/67



		MAKYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT		CEASED NAME First Middle Lost 2a DATE KNOWN TO Manth Day Year 2b HOUR
of ge	(ype or Print) Glenn William Kaufman DEATH MATED 12 30 199 ? M
m 2 m	3 5	Oddiis Wallawiii Addistinas
y delay	n	A RACE S DATE OF BIRTH A CASE (In years 10 MULTER 24 HAS 20 DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTHS DAYS POOR 19 67 19 67 19 67
		IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
e De	COUN	Maryland USA WIDOWED DIVORCED TO Frederick Md.
oth age th f	10 (TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 120 LSUA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR
the P		Thurmont rural give street oddress) Own Home during the bruken if e even if ret red) INDUSTRY
offer long offin	13a.	USUAL RES DENCE (Where deceased lived, function on Residence before 13c CITY OR TOWN 13d MISIOE CITY ON 13d
18 ce o 2 w 2 de	—	Hu. III COOI I III HOUD IO HOU
hours ofte Item 18. Go Office olon Tond 2 with		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Grace Hahn
hin 24 hours ofter death nucl in Item 18. Give Pages 1, anner's Office olong with form pages 1 and 2 with the State Dhours ofter death.		de de de de valid per y
	16a. (Y	vas deceásed ever in u.s. armed Forces? 166 social security no 17 informant 200-10-5789 Mrs. John O. Rice Frederick Md. RD3
1 with the Exam File File	-	DESCRIPTION OF THE PROPERTY OF
ixecuted nding" ir Medicol 1 permit. I nt within		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY CONGESTIVE HEART FAILURE
xec. ding feding perm		INTERIAL CACCE (0)
e e e) pen ef M		Conditions, if any, which gove) DUE 10, OR AS A CONSEQUENCE OF CARDIO CASCALAR DISEASE.
Id b		nse ta immediate couse (a), (NV) - OF to a control time of
should be e ne word "per to the Chief I buriol-transit		last. Due 10, OK AS A CONSEQUENCE OF
MINER: This certificate should be executed with the certificate, writing the word "pending" in pet a should be forworded to the Chief Medical Exarutiles. 8 Should be used as a burial-transit permit. File smatjon, or removal and in any event within 72		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND F ON GIVEN IN PART 1(a)
fitrof ing ded ded	_	PNEUMONITIS
ertii writ rwoi rwoi sed iova	ATION	19a. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20 AUTOPSY?
NER: This certice certice certificate, writh hould be forwariles. should be used thion, or remova	CERTIFICATION	WAS PERFORMED? YES NO
ifico ifico d be d be		2 a EXTERNAL CAUSE WAS 21b T ME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR AM
cert cert cert soul shou	MEDICAL	CAUSE OF DEATH P.M. 19
MIN the the yr fil mo	25	21d NJURY OCCURRED 21e PLACE OF INJURY (A) home, form, street, white not white factory, affice building, etc.) 2 f. LOCATION Street at R.F.D. No City or Tawn County State
SICAL EXAMINER: This certific se execute the certificate, writin ctor. Page 4 should be forword ned for your files. ECTOR: Page 3 should be used on burial, cremation, or removal		AT WORK L AT WORK L
AL December 1975 AL Dec		22a. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apin an
JICA JICA JICA Grector. etoined DIRECTOR or to but		death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined manner
please direct retoine DIREC		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE SIGNED
SSOR, p funeral oy be re JNERAL ith prio		DEDITY MEDICAL EVANIBLE TY
TO DEPUTY SICAL IN INCESSORY, please exect the funeral director. Po 5 may be retoined for TO FUNERAL DIRECTOR: Heafth prior to burial		NAME (Type) Robert J. Thomas, M.D. ADDRESS(Street, city, town, or county)
o o o o o o o o o o o o o o o o o o o		BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (State)
	E	uria 12-30-67 Lewistown Cometery Lewistown Fred Co. Md.
	24	FUNERAL DIRECTOR RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A15ME 31	Ta	mont & Truckyn Thurmont, Md DATEJAN 8 1968 Miles Judge
	//	



		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
. 60.11)	1	nu81 CERTIFICATE OF DEATH	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72-haurs after deather.		LACE OF DEATH COUNTY Frederick MARYLAND 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) 5 COUNTY MARYLAND MARYLAND 1 OUNTY Maryland Frederick	
by the fur Pages 1 Durs after		write RURAL and give negrest fown) Frederick 4 days Middletown	
lled in papers in 72-h		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) A STREET ADDRESS e IS RESIDENCE ON A FARM? Trederick Memorial Hospital Jefferson St. YES NO!	
arban partition it, with	3	AME OF First Middle Lost 4. DATE Month Doy Yeor ECEASED (ype or print) Mary Florence Kefauver 0 DEATH 12 15 19 67	
d campl mave can ny ever	5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White WIDOWED DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White WIDOWED 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White WIDOWED 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White Widowed 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White Widowed 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White Widowed 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White White Widowed 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White White Widowed 22 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White White Widowed 24 H Pemale White White Widowed 25 DIVORCED 10/16/1885 9 AGE (n years IF UNDER 1 YEAR IF JNDER 24 H Pemale White	
ian and iase rei	dun	USJAL OCCUPATION (Give kind of work done gmost of working life, even if retired) 10b KIND OF BUSINESS OR II. BIRTHPLACE (County & Stote, or foreign country) 11 CITIZEN OF WHAT COUNTRY? OWN home 12 CITIZEN OF WHAT COUNTRY? OWN home 13 COUNTRY?	
hysic n ple val, c	13.	FATHER'S NAME	
The	16	John I. Lutz Amanda McBride WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
rmit.	(Ye	10. Such Seturity No. 17. Informani (If yes give wor or dotes of service) Mrs. Marietta Shultz, Middletown, Md	
D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers Pages hauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72-hours		18. CAUSE OF DEATH (Enter only one couse per line for (b), (b); and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions if any, which gave itself to immediate cause (b). Stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a). 19. WAS AUTOPSY	
a de la compansión de l	ATIOI	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \[\] NO	
t. af He	L CERT FICATION	20b. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ate Dep	MEDICAL	20x TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	_
the St		21. I certify that (1) (this haspitet) attended the deceased from 1/1/67, 19 to 1/3/6/19, that (1) (we) saw the deceased glive on 1/3/6/19, and that death occurred at 2/18/6/19, from causes and on the date stated ob	last ove.
runekal unkkuluk: Affer irector, page 3 should be filed with the Stat		220. SIGNATURE ATTENDING MED. STAFF DIRECTOR DI	
ERAL Fr. pc		NAME (Type) Dr. A. Austin Pearre, Jr. Frederick, Md.	
the direct	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 22nd LOCATION (City or Town) (County) (Coun	
2 TA 15 (4)	24	FUNERAL DIRECTOR, ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR SIGNATURE OPEN OF C 19 1967 Clearles Signature	Ψ.



The same of the sa		16088 DIVISIO		AKYLAND SIAIE DEPA RECORDS, 301 W. PRESTOI			
to the second		1000		CERTIFICATE	OF DEATH		1 0 3 7 5
requires that the deoth certificate be executed within 24 hours after deoth. g physician. signed by the attending physician and completely filled that the funeral buriol-transit permit. Then please remove carban papers. Pages I and 3 buriol, crematian, or removal, and in any event, within 29-bours after death.		LACE OF DEATH		MADVI AND	2 USUAL RESIDENCE o. STATE	(Where deceosed lived, if institution b COU	
s ofter the fur	Ь	(ITY OR TOWN (If outside corporate I) write RURAL and give nearest town) Frederick	nits	MARYLAND c LENGTH OF STAY IN 16		SLPU d outside corporate ilmits, write RL	JRA. ond give neorest town)
nin 24 hour filled that papers.	d	NAME OF HOSPITAL OR INSTITUTION (I	not in haspital,	Years give street oddress)	d STREET ADDRESS	rick	e is residence on a farm?
within 2 board filled boar people within	3 N	RE-CERICK MEM	First	HosfitaL Middle	5 South	JESSENSONI 4 DATE MOT	STREET YES NO DO
pletely carbo rent, w	(1 S SI	ECEASED (ype or print) EX 6 (OLOR OR RACE)	7. MARRIED	ELMER NEVER MARRIED 8	KRISH DATE OF BIRTH	OF DEATH /#	/
execuind company even		MALE White	WIDOWED	DIVORCED	4/11/16	lost birthdoy) 5/ yrs	Manths Days Hours Min.
ertificate be executed with physician ond completely ien please remove carban ovol, ond in any event, wit	durin Ch	USUAL OCCUPATION (G ve kind of work dog g mast of working life, even if retired) Let of Supplies	ne IUb. K IAS	IND OF BUSINESS OR IDUSTRY Coast Relay	11. BIRTHPEACE (Count	y & State, or foreign country) LANC	12 CITIZEN OF WHAT COUNTRY?
th certifice ling physi Then pl	13.	FATHER'S NAME	and.		14. MOTHER'S MAIDEN	NAME 2	
requires that the deoth cert g physicion. signed by the attending pl buriol-transit permit. Ther buriol, crematian, or remov	1S (Yes,	WAS DECEASED EVER IN U.S. ARMED FORCE (no, or unknown) (If yes give wor or dot Yes. W. W.	S? 16.		FORMANT	Addr	on St.Frederick, Md
t the c the att sit per nation,	T	18. CAUSE OF DEATH (Enter only one PART I, DEATH WAS CAUSED 87:	couse per line for		i Nagari	T-201040	INTERVAL BETWEEN ONSET AND DEATH
equires tha physicion. signed by buriol-tran buriol, cren			DE TO	are congesion	1. 71	7-102000	
requir g phy: n sign e buric	1 1	Conditions, if any, which gove prize to immediate couse (a), as to immediate couse (b), but the underlying couse (b).	UE 10	lionary (weig , i	les et Aris	0
The law rer attending I has been s ise as the b ith prior to b	lŀ	PART II OTHER SIGNIFICANT CONDITION	(c)	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CO	PROTECT SPACE (0)	19 WAS AUTOPSY PERFORMED?
PHYSICIAN: The law relet nospital or attending plants certificate has been statched for use as the beath of Health prior to beet.	CERTIFICATION	200 ACCIDENT WAS UNDERLYING	20b DE	SCR.BE HOW INJURY OCCURRED. (I	Enter nature of injury o	Part Lar Part II of item 183	AEZ NO DE LE CAMEDA
G PHYSICIAN: The hospital or this certificate detached for ur	CAL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time of Injury Month, Doy, Yeon		``	E OF INJURY (Home, for		(County) (State)
DING PH by the tfter this be deta State De	MEDICAL	pm.	9 While of wor	k Not While foctor	ry, street, office bldg , etc		
OR ATTENDING De retoined by it MREGOR: After it Stoold be die ded with the State		21. I certify that (I) (this he saw the deceased alive on		ded the deceased fram	death occurred a	19 67 to 3 Deacu t/21692M, from couses	ond on the date stated obove.
OR AT DE reto DIRECT STREET ST		220. SIGNATURE	Tun	10~ M.D	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	22b. DATE S GNED Dec -14, 1967
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range of may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		PHYSICIAN'S NAME (Type) James B.	Thomas,	M. D.	22d. ADDRESS 228 N. Ma	rket Street,Fr	ederick, Md.
Poge 4	23o.	BUR,AL, (REMATION 23b. DATE REMOVAL (Specify) Dec. 6	1967	23c NAME OF CEMETERY OR CO		23d .OCATION (City or To	, , , , , , , , , , , , , , , , , , , ,
VR A15 (4)	24	FUNERAL DIRECTOR Server M. R. Etchison &	12 7	le ADDRESS Fadel	es 250. REC	D BY REGISTRAR 256. R	EGISTRAR'S SIGNATURE
4)	_	and the second second second	~ 4.1.7				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within-24-hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. STATE Maryland Frederick o. COUNTY Frederick **MARYIAND** c LENGTH OF STAY IN 15 CEITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negres 19 Wersville 23 vears Rural- Mversville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM Route # 2 (Wolfsville) Route # NO R event, within 3 NAME OF 4. DATE Yeor signed by the attending physician ond completely to burial-transit permit. Then please remove corbon DECEASED (Type or print) December 1 Eunice M. Wiley Lewis DEATH 8. DATE OF SIRTH 9 AGE (In years IF UNDER 1 YEAR IE ISNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED - out birthdoy) Hours white July 23.1893 female WIDOWED K 11 BIRTHPLACE (County & Stote or foreign country) 1Db KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) own home Philadelphia, Pa. Housewife 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME or removol, Clara O. Vreenland Robert C. Wiley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Earl Carter, Myersville, Md. Rt.# 2 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
COMPANY OCC. ONSET AND DEATH Coronary occlusion nstant IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO Arteriosclerotic cardiovascular disease Conditions, if onv. which gove 10 years rise to immediate couse (a), DUF TO stoting the underlying couse as the l Diabetes mellitus 13 years 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? for use Heolth p K ON 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED foctory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 8-28-19.67, and the 9-11 . 1954 to 12-1 1967 that (I) (we) last 19 67, and that death occurred of 5:30aM, from causes and on the date stated obave 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 12 - 2 - 6722d. ADDRESS 22c. PHYSICIAN'S Charles F. Hess, M.D. NAME (Type) Smithsburg, Maryland 21783 director, I -should be 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION, REMOVAL (Specify) Wolfsville, Fred.Co.Md. Dec. 4.196 United Brethern 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Bittle Myersville Md DATE DEC



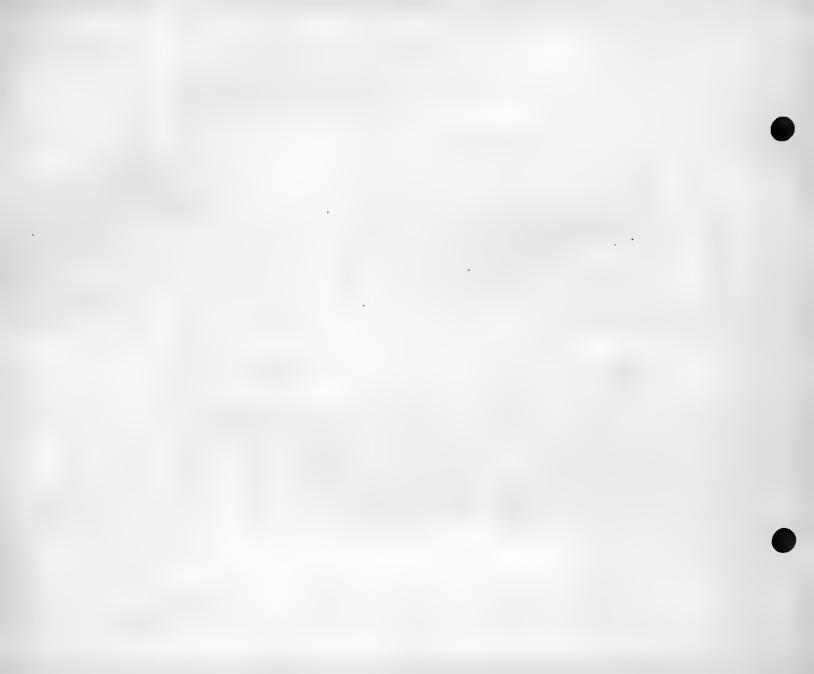
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10384 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Frederick b. COUNTY Maryland Frederick MARYLAND b CITY OR TOWN (if outside carparate limits, write RURAL and give necrest town) c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) weeks Thurmont physicion and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS event, within 72 ON A FARM? Frederick Memorial Homital Water St. YES [NO X NAME OF First Middle DATE Month Lost Day Year DECEASED OF (Type or print) 6 1960 DEATH S SEX IF UNDER I YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE IF UNDER 24 HRS (+n years Jast birthdoy) Days Hours White 8-20-1893 ond in ony Female WIDOWED X DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) COUNTRYSA Home Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, Randolph Staub Susanna A. Fox 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes give war or dates of service) 18-211-9557 Thurmont. Md. Mrs. Bruce Eyler 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH þ IMMEDIATE CAUSE (o) DUE TO signed ! Conditions, if any, which gave rise to immediate couse (a). DUF TO be retained by the hospital or attending prior to b stating the underlying couse hos been os the last. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) use State Dept. of Health TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us NO 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour p.m. Not While foctory, street, office bldg., etc.) 19 at work 21. 1 certify that (1) (this haspital) attended the deceased from 50h 20 , 1967, to Dec 6, 1967, that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at ZA M, fram causes and an the date stated above saw the deceased alive an_ 22n SIGNATHRE 226. DATE SIGNED DIRECTOR 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) House 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BUREMOVA (Specify) Lewistown Cemetery 12-9-67 Lewistown Fred FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURI Raymond E. Creager



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
€ /**	
requires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and campletely filled in by the tweeta bunal-transit permit. Then please remave carbon papers. Pages of and a burial, crematian, ar remaval, and in any event, within 22 hours after deam	PLACE OF DEATH o. COUNTY J. Edurick MARYLAND O. STATE MARYLAND Maryland O. STATE D. COUNTY D. COUNTY
rs aft	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hound hound	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 24 lines in 24	YES NO Z
with treat to the state of the	NAME OF DECEASED RONALD ALBERT LONGENECKER DEATH Dec. 15 19 67
equires that the death certificate be executed within 24 h. physician. signed by the attending physician and campletely fulled in burial-transit permit. Then please remave carbay papers burial, crematian, ar remaval, and in any event, within 22 h.	S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost birthday) Months Doys Hours Min
and (remi	10 ISBAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11 RYRTHPIACE (County & State or foreign country) 12 CTIZEN OF WHAT
ician lease and	Turing most of warking life, even if retired) INDUSTRY CANTOLL OD, Md
phys pen p	13. FATHER'S MAINE Charles & Longener berg Yengelding V Stover.
squires that the death certificate be exphysician. signed by the attending physician and bunal-transit permit. Then please rem burial, crematian, ar remaval, and in an	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (Iff yes give wor or dates of service)
atter perm ian, a	no m. Chas. R. Longeneter, Le yore, md.
nat th n. y the snat	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Congretion can discover feedback
res the sician res the sician resident properties and properties are also properties and properties and properties are also properties are also properties and properties are also pr	Conditions, it ony, which gove) (b) Congresstal lesses will be defections
The law requires the attending physican. has been signed by se as the bunal-tranth prior ta burial, creith prior ta burial, creith	rise to immediate cause (a), Stating the underlying cause DUE TO
law reinding been she rior ta	<u>fast</u> (c)
The hase has assure as assure as assure as	
HYSICIAN: The law re hampstal ar attending certificate has been sched for use as the ept. af Health prior ta	PREFORMED? YES NO NO NO NO NO NO NO N
	20c. TIME OF INJURY Month, Doy, Yeor Hour c.m P.m. 19 20d. INJURY OCCURRED While of work of work of work of work
NDING Id by t After d be d be state	21 1 certify that (1) (this hospital) attended the deceased from July , 1967, to Dec. 15, 1967, that (1) (we) last
ATTENDI etain d b CTOR: Aff	saw the deceased alive an 220-15 1967, and that death accurred at 200 PM, fram couses and an the date stated above
OR ATTEN be retaining DIRECTOR: ge 3 shauld	J. G. Wetbaur MD ATTENDING DIRECTOR DIRECTOR DIVISION 12/16/67
O HOSPITAL OR ATTENDING P Page 4 mmy be retained by the O FUNERAL DIRECTOR: After this director, page 3 should be deta- should be filed with the State D	22c. PHYSICIAN'S NAME (Type) E. A. DETTOARN 22d. ADDRESS Wallersville, 2nd.
TO HOSPITAL Page 4 mmy O FUNERAL director, page 4 should be fit	230 BURIA_, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
TO HOP Page of Fundamental	BURILE 12/17/67 Int Hope Remetery Woodsford Field Int. 24 FUNERAL DIRECTOR 250 RECID BY REGISTRAR 250 REGISTRAR'S SIGNATURE
41,8/68 VR ATSTAN	3 C. Barton, walkersville M 21793 DATE DEC 19 1967 generales Jane



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16986 CERTIFICATE OF DEATH ofter deoth PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission. o. COUNTY 5 COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give rite RURAL and give negrest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address d STREET ADDRESS within 72 24 dod NO S YES The law requires that the death certificate be executed within the ottending physician and completely fist permit. Then please remove carban NAME OF Middle DATE Lost 4 Year DECEASED OF DEATH (Type or print) SEX IF JNDER YEAR IF UNDER 24 HRS AGE (In years 7 MARRIED **NEVER MARRIED** last b rthdoy) Months Dovs Hours ond in any WIDOWED DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR & Stote, or foreign country 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 3 MOTHER'S MAIDEN NAME or removol, SECURITY NO INFORMANT this certificate has been signed by the ottendi letached for use as the burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service cremation, 18 CAUSE OF DEATH (Enter only one cause per line for (a), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO State Dept. of Health prior to buriol, Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse for use os the lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CERTIFICATION YES NO 20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While After of work at work 2]. I certify that (I) (this-hospital) attended the deceased fram. 0 19 6 7, and that death accurred at 23 PM, from causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS eq page director, puy-ADDRESS 22c. PHYSICIAN' 22d NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 235. DATE THEREOF LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) **ADDRESS** 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 DATE JAN 20 M 1/86

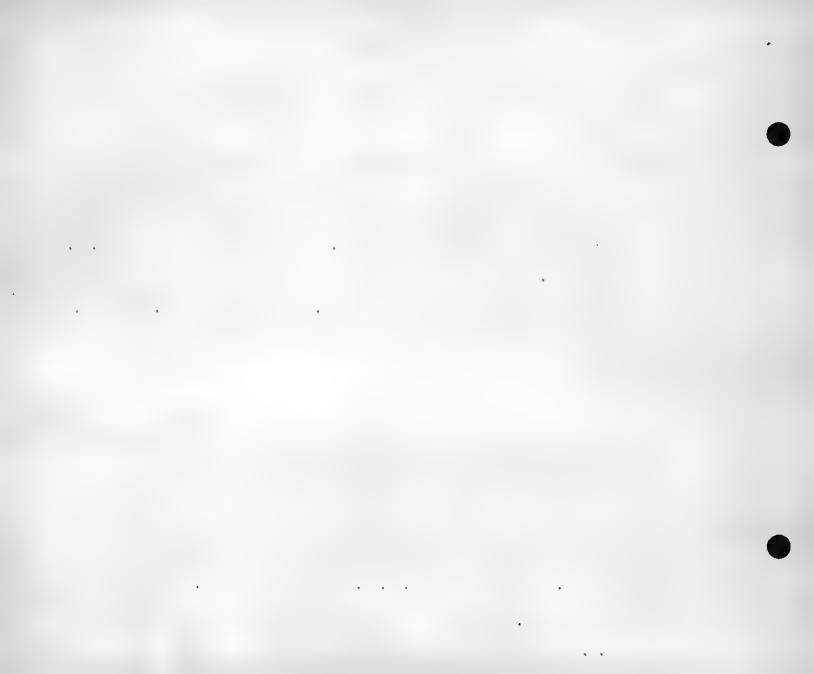


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY Frederick b. COUNTY Marvland Frederick MARYLAND b. CITY OR TOWN is outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Frederick Braddock Heights months d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 227 East 5th Street Vindobona Convalescent Home YES NO X 3. NAME OF DECEASED MARY CAROLINE MASK (Type or print) DEATH December 29. 19 67 carbon of, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Female White March 3, 1879 WIDOWED TO DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Ret. Seamstress None Baltimore. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Genevieve Mertens Henry H. Horstman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewar ordatas of sarvica) No 214-10-2833 Mr. Henry J. Mask 902 Seminole Rd. Fred. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: PNEUMONIA IMMEDIATE CAUSE (a) DUE TO INFLUENZAL TYPE VIRAL INFECTION Conditions, if any, which " gave rise to immediate causa DUE TO (a), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/a). 19. WAS AUTOPSY SCHERE, FAR ADVANCED ARTERIOSCICIOSIS, GENGRALIZED -NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of invury in Part I or Part II of tem 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED; 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While at work al work 21. I certify that (I) (this hospital) attended the deceased from. MARCH., 1967, to D.C. 27, 1961, that (I) (100) last196...... and that death occurred at/100...M. from the causes and on the date stated above. saw the deceased alive on DCC 25 22b. DATE SIGNED DIRECTOR PHYS. FUNERAL 22c PHYSICIAN'S 22d, ADDRESS Dr. Gilcin F. Meadows M.D. Toll House Avenue Frederick, Maryland 23d. LOCATION (City, town or county) 234. BURIAL, CREMATION, | 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 5 3 St. John's Cemetery Frederick. Maryland 24 JUNERAL DIRECTORS STOMATURED 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE Frederick. Maryland OATE | A A15 KW



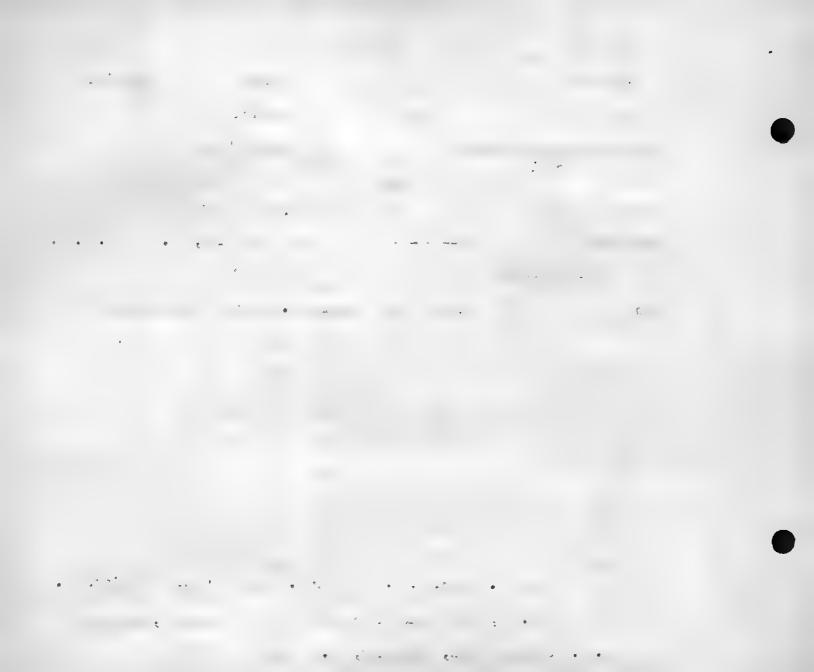
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16981 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH a. CDUNTY Maryland Frederick Frederick MARYLAND b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Frederick c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Weeks Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e 15 RESIDENCE ON A FARM? pap Frederick Memorial Hospital 12 East Third Street NO SE and in any event, within 3. NAME OF remaye carban Middle 4. DATE Month Yeor DECEASED (Type or print) EDWARD MATTOON DEATH December 19 67 9. AGE (In years Blast birthday) SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH IF UNDER 1 IF UNDER 24 HRS NEVER MARRIED Months Days Hours White May 21, 1882 Male WIDOWED T DIVORCED TOB. KIND OF BUSINESS OR 160. US JAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY Fibre Brush Co. Frederick, Maryland please COUNTRY? Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, Charles B. Mattoon (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick, Md. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates af service 21h 10 2295 A Mrs. Earl Gilbert. 213 E. Third St. burial, crematian, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if any, which gove (b) nse ta immediate cause (a), DUE TO stoting the underlying couse this certificate has been be detached for use as the State Dept. of Health prior to 19 WAS AUTOPSY PERFORMED? PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. AECIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour a.m. factory, street, office bldg. etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from 1/1 6) 19 ____, that (I) (we) last director, page 3 shauld shauld be filed with the one that death occurred at 430PM, from couses and on the date stated above O FUNERAL DIRECTOR: saw the deceased alive on 19 22a, SIGNATURE 22b DATE SIGNED ATTENDING PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) A. Austin Pearre, Jr. M. Toll House Ave. Frederick, Maryland 23a BURIAL, CREMATION, REMOVAL (Specify) BUTILL 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LDCATION (City of Town) (County) Mount Olivet Cometery Frederick Maryland

ADDRESS Facilia 250 REC BY REGISTRAR 250 REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Munico M.R. Etchison & Son, Frederick, Maryland DADEC 25M 1/67



-	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE, MARYLAND 21201	
FOR STATE	MEDIFAL EVANIMED'S CENTIEITALE DE DEATH	
HEALTH DEPT		£
	PLACE OF DEATH o. COUNTY Frederick TEXAS COUNTY 2	efore odm ssión)
loy is Page ent of	Prederick MARYLAND MAKKETHE IDAMS	
delay is ond 3 to M3. Page	b (ITY OR TOWN (f outside corporate limits, write RURA, and give necessary none) C LENGTH OF STAY N lb (ITY OR TOWN (f outside corporate limits, write RURA, and give necessary none) Route # 2	rest tawn)
any delo		, ,
F C E S	d NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) DOA Francisco Momental Hespital Buffalo	e (\$ RESIDENCE ON A FARM?
d within 24 hours after death. If stry in pencil in Item 18. Give Pages 1, 2, Examiner's Office along with form. P. File pages 1 and 2 with the State Depo	DOA Frederick Memorial Hospital	YES NO X
# 8 E # S		Day Year
within 24 hours after deot penc! in Item 18. Give Pa xominer's Office along with ile pages lond 2 with the Sf hours ofter deoth	(Type or print) MORRIS RICHARD MCCELG DEATH	
on the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5 8 DATE OF BIRTH 9 AGE (In years IFUNDER) YEA Male WIDOWED DIVORCED June 18, 1936 31 YES	
75 of 18.0 of 1.0 of 1.		73 RIGETS MAIN
ond de	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1 BIRTHPLACE (State or foreign country) 12 CITIZEN	OF WHAT
24 P n II s C s 1- fter	Construction Employee Wojstry Freestone, Texas U.S.	A.
in din din din din din din din din din d	13 FATHER S NAME 14 MOTHER S MAIDEN NAME	
4 with in pen Exomi File p 2 hour	John A. McCeig Leona Black	
EX EX	W. D. CONTROLLED DURING HELD CONTROL DE L'ACCIONE CONTROLLE DU L'ACC	
rote dico hin	(Yes, no, or unknown) (If yes give wor or dotes of serv.ce) 10 11 11 11 11 11 11 11 11 11 11 11 11	and .
This certificate should be executed within 24 hours after death cote, writing the word "penaing" in pencil in Item 18. Give Page be farworded to the Chief Medical Examiner's Office along with followed as a burial-transit permit. File pages Tond 2 with the Statiemaval, and in any event within 72 hours ofter death		INTERVAL BETWEEN
be "pe lief instit	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Transected Conta	ONSET AND DEATH
Para Character C	8/6/ DUE TO	
hou we the	Conditions, if ony, which gove } (b)	
te shoul the worl to the o buriol-	nse to immediate cause (a), Stating the underlying cause DUE TO	
find fing rded os o	lost. (c)	
This certificate should cote, writing the word be farworded to the Ch lbe used as a buriol-tremayal, and in any ev	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	9 WAS AUTOPSY PERFORMED?
EXAMINER: This certificate, writing age 4 should be farwory your files. Page 3 should be used cremation, or remayal,	200 EXTERNA. CALSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) PRIMARY Zow CONTRIBUTING CAUSE WAS CAUSE	YES MO
	200 EXTERNAL CALSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nother of injury in Port 1 or Port 11 of Item 18)	
MEDICAL EXAMINER: please execute the certif director Page 4 should retained for your files. DIRECTOR: Page 3 should or to burial, cremation, or		
EXAMINER: ute the certifuge 4 should your files. Page 3 shou cremation, or	20c TIME OF IN, URY Month Day, Year 20d N.LRY OCCURRED 20e P. ACE OF INJURY (Home form, 20f (City or town) (County) Hour a.m. While Not While 20 factory street, office bldg, etc.)	(State)
AM the the the decimal of the decima	Hour am 19 Whe pm 19 of work 1 Harry Street, office bldg, etc) M. Frederich-Frede	rich - hick
L EXA ecute Page or you R: Pag		and in my opinion
A1 exe exe rior for riol,	death resulted fram: Natural causes], Accident [5], Suicide [], Hamicide [], Undetermined manner []	and in my opinion
Se S	CHIEF MEDICAL EXAMINER	
dire dire	SIGNATURE (COCCET X LUDIUS M.D. ASS STANT MED CA. EXAM NER [22. DATE SIGNED
TY Serral SAL Prifo	DEDITY MEDICAL EVALUATED	1-72-67
TO DEPUTY MEDICAL EXAMIN necessary, please execute the the funeral director Page 4 sl 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to burial, cremative	EXAMINER'S Dr. Robert J Thomas M.D. Address (Street, cly, town, or county) Frederick	Maryland
TO DI nece the 5 mc		ιπτγ) (State)
2 + 5 2 1	Burial-Transit 12/25/67 Dew Cemetery Frestone, Co. Texa	
VR A15ME (5)	250 RECIDER 250 REGISTRAR 5 S GNA	
6M 1/67	Robert E. Dailey & Son Frederick, Marylanda JAN 2 1968	Ú U





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16991 18984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) o. COUNTY brederick o. STATE b. COUNTY MARYLAND b. C TY OR TOWN (If autside carparate mits, c LENGTH DE STAY IN 16 c CITY DR IDWN (If autside corparate limits, write RURAs and give nearest town) write RURAL and give nearest tawn) Washington, D.C. Frederick d. NAME OF HDSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? 1954 Columbia "d. Frederick Memorial dospital YES NO F Item 18. Give Pages havrs ofter death NAME OF Middie Last 4 DATE First Manth DECEASED Morrison Pamela Joan Dec. 31, 1967 (Type or print) DEATH NEVER MARRIED 8 DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7 MARRIED last birthday) female white Manths 72 havrs after death. WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. K ND OF BUSINESS OR 11 SIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT New Zealand during most of working life, even diret red)
Clerk-New Zealand Embassy 2 New Zealand Examiner's 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME be executed within Peter Morrison Una R. Har vey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT washington, (Yes, no, or unknown) ((If yes give war ar dates of service w thin A.R. Wood-19 Observatory Circle 18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) INTERVAL BETWEEN any event ONSET AND OFATH burial-transit PART 1 OEATH WAS CAUSED BY. ONGESTIVE MMEDIATE CAUSE (a) This certificate should writing the ward DUE TO Conditions, if only, which gove farwarded ta rise ta immediate cause (a). .= DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART II DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART ITO remayal, CERTIFICATION NO Y þe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature at injury in Port I or Part I of item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH ACCIDENT crematian, 20d NURY OCCURRED 1 20., TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Hame farm (City or fown) ((aunty) (State) Nat While factory street, office bida etc.) YOUF PREDERICIC at wark 21. I certify that I taak charge of the remains described above, held an Autapsy [7], Inspect an Inquiry and in my apinian Accident X Hamic'de Suicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DI Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Thomas Address (Street, city, town, or county) NAME Type 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Ft. Lincoln Crematory Prince Georges Count cremation Hines Combany Washington, VR A 15ME (B) luth 6M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16985 deoth. PLACE OF DEATH o. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE **b** COUNTY Maryland Frederick MARYLAND burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 haurs after c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) #5 c LENGTH OF STAY IN 16 b CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Frederick 5 days e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS requires that the death certificate be executed within 24 113 South Market St. Frederick Memorial Hospital NO X MILDRED first NAME OF Middle 4 DATE Month Doy Year DECEASED **IRENE MYERS** 30. December 67 (Type or print) DEATH IF JNDER 24 HRS. 5 SEX 9. AGE (In years IF UNDER YEAR 6 COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED lost pirthday) Months Dovs Hours White Female Sept. 4. 1906 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR | BIRTHPLACE (County & State or foreign country) Ret. Seamstress COUNTRY? None attending physician sermit. Then please Frederick. Maryland 13 FATHER S NAME 14. MDTHER'S MAIDEN NAME Mary Ellen Harshman Jacob S. Geisinger WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Fred. 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dates of service) Miss Mabel V. Geisinger 113 S. Market St. No 214-10-2382 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IREMIA IMMEDIATE CAUSE (o) DUE TO NEPHRITIS Conditions, if any, which gave nse to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES K NO 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Not While factory, street, office bldg., etc.) ot work of work 19 60 ta 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram_ January 19 67, and that death occurred at saw the deceased alive an_ 30 M, from causes and an the date stated abave. 22a SIGNATURE 22b. DATE SIGNED ATTENDING 12-30-1967 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Richard Reynolds M.D. Toll House Avenue Frederick, Md. 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION, Burial (Specify) Mount Olivet Cemetery Frederick, Maryland 1-3-1968 2 25b. REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR **ADDRESS** Frederick, MarylandontJAN Milane Robert E. Dailey & Son



26 1	1	BUILDIAN OF MITH PEROPE AND IN SEPT	PARTMENT OF HEALTH TON STREET, BALTIMORE, MARYLAND 21201
FOR STATE			S CERTIFICATE OF DEATH 15986
HEALTH DEPT 4	,	PLACE OF DEATH O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Virginia b. COUNTY Loudoun
f any delay 1, 2, and 3 i m PM3 Pog Pepuryment	1	b CITY OR TOWN (if outside corporatem.ts, write RURAL and give nearest town) Frederick d NAME OF HOSPITAL OR INST.TUTION (if not in hospital, give street oddress)	c. C.TY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Purcellville d. STREET ADDRESS e is RESIDENCE
N 0 0 1		Frederick Memorial Hospital	10 "J" Street - Box 821 YES NO K
s within 24 haurs after death 1f on pencil in Item 18. Give Pages 1, Examiner's Office along with farm File pages 1 and 2 with the State De 2 haurs after death.		NAME OF First Middle DECEASED (Type or print) FRANCES LUCILLE	ORRISON JATE Month Doy Year OF DEATH Dec. 20, 1967
hin 24 haurs after death not! in Item 18. Give Pag niner's Office along with pages 1 and 2 with the Sta urs after death.		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED TOWN NEVER MARRIED DIVORCED TO DIVORCED TO SUBJECT OF BUSINESS OR	B DATE OF BIRTH May 5, 1921 11 BIRTHPLACE (Stote or foreign country) 9 AGE (In years left NDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min M
within 24 haurs of pencil in Item 18 xaminers Office of ile pages 1 and 2 whavis after death	du! C	necker & Presser Laundry FATHERS NAME	Virginia USA
d within 24 in pencil in Examiner's Examiner's File pages ?	35	Jacob Cooper WAS DECEASED EVED IN ILLS APMED EODOES? THE SOCIAL SECTION VIOLETTE AND THE	Lorena Pearson Address
e executed v pending" n per ef Medical Ex sit permit. Fil	(Y	110	Donald Orrison Berryville, Va.
be "pe "inef		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Heart Failure INTERVAL BETWEEN ONSET AND DEATH
MEUTCAL EXAMINER: This certificate shauld please execute the certificate, writing the ward director. Page 4 shauld be farwarded to the Ctertained for your files. DIRECTOR: Page 3 shauld be used as a burial-trainer to burial, cremation, or removal, and in any event to burial, cremation, or removal, and in any executed.		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	During
This certificate, writing to farward be used a remaval, a remaval, a	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERM NA. D SEASE CONDITION G VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
INER: The e certificate shaula be files shaula be shaula be shaula be files shaula buttan, ar rer	AL CERTIFICATION	PRIMAR DO CONTRIBUTING CALSE OF DEATH Truck-can	D (Enter noture of in any in Port 1 or Port 1 of term 18) Collision (Collision)
AL EXAMINER: xecute the certifi year year files or:Page 3 shauld city, cremation, or	MEDICAL	11:3 0 pm Dec. 6, 19 67 While Not While 18 16	20f (City or lown) (County) (Stote) actory, street, off ce bldg, etc) 20f (City or lown) (County) (Stote) (Stote)
DEPUTY MEDICAL EXAM scessary, please execute the funera director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eath prior to buriot, crema		21. I certify that I took charge of the remains described above, death resulted from Natural causes , Accident Si	urcide [], Homicide [], Undetermined monner []
		SIGNATURE USbeit AU howas	CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL E
O DEPUTY necessary, if the funera 5 may be r 6 FUNERAL Hea th pria	00	EXAMINER'S NAME (Type) ROBERT J. Thomas BUR AL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY C	Address (Street, city, town, or county)
TO D nece the 5 m TO FU	23	Burian 12/22/1967 Union Cem	
VR A15ME (5) 6M 1/67		M. R. Etchuson & fredericky	Johnson 200 Marie 200 Mari

6 9

1	16994 DIVISION OF	WAKTLAND STATE DE VITAL RECORDS, 301 W. PRES	PAKIMENI OF HEALTH ION STREET, BALTIMORE, M	ARYLAND 21201	
FOR STATE	10334	MEDICAL EXAMINER'S		711	19,
HEALTH DEPJA	1 DECEASED NAME First (Type or Print)	Middle	Last	20 DATE KNOWN Month	Day Year 2b HOJS
3 to Poge	MilaleYE	C.	PRICE	DEATH MATED 12	3/ 1967
delay and 3 N3 Po		DATE OF BIRTH 6 AGE (In ye	IF UNDER 1 YEAR F JINDER 24 MONTHS DAYS HOURS	MIN Month Day	Year (7 14)
2			/RS.	12 31	196 17
	(nuntral)			COUNTY OF DEATH	
	10. CITY OR TOWN OF DEATH	U. S. A. V	ION (If not in hospital 120 1511	Frederick AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
haurs offer death Item 18. Give Pagi Office along with land 2 with the Sto	Frederick	500 Magnolia Av	enue during m	ust of working life, even if retired.)	INDUSTRY
offer de 8. Give along w with the beath.	3a USUA. RESIDENCE (Where deceased live	ed, if institution. Residence before 13c. (TITY OR TOWN 13d. INSIDE CITY LAND		00
=	odmission STATE 13b	Frederick Fr	ederick YES X NO	□ 500 Magnolia A	ve.
haurs Item 1 Office 1 and 2	14 FATHER'S NAME First	Middle Last		First Middle	Last
		cChellan Cook		len Mossburg	
within 24 pentil in xaminer's ile pages 72 hours	16α WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, πα, οι υπίκπα win) (If yes give war or de		17 INFORMANT	ADDRESS ADDRESS ADDRESS ADDRESS	Frederick, Ave. Md.
rould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's not tronsit permit. File pages any event within 72 hours.	No.		laozebu p. 11.Tce	9 91.9000 magnorte	APPROXIMATE INTERVAL
executed anding" in Medical E t permit F	1B CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY	() () ()	Hemorloge		BETWEEN ONSET AND DEATH
e execute pending" ef Medical sit permit	immediate cal	DUE TO, OR AS A CONSEQUENCE OF	3		
id be ex rd 'pend Chief M tronsit p	Conditions, if ony, which gave	10) Hyperters	100		
word word the Ch	rise to immediate couse (o), { stating the underlying cause (C. A.	. 1	
	last	19 Certarios Sile	ME CONSTINA	sween Disense	
o o di	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D SEASE OR COL	IDITION GIVEN IN PART 1(0)	
te, writing forworde forworde te used os removal, c	19a, DATE OF OPERATION	195. CONDITION FOR WHICH	ODEDATION		20. AUTOPSY?
	19a. DATE OF OPERATION 2 21a. EXTERNAL CAUSE WAS 12	WAS PERFORMED?	OFERNION		YES NO SET
	210. EXTERNAL CAUSE WAS 2	Th. TIME OF INJURY Manth, Day, Yeor	21c. HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2, It	
	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. 19	·		,
3 3 ± 8 5	1 7 7 1	OF INJURY (At name, farm, street, iffice building, etc.)	21F LOCATION Street or R F D Na	City or Tawn	County State
ICAL EXAMINER: 9 execute the cert tar. Page 4 shoule ed for your files. CTOR: Page 3 shou buriol, cremotion.	AT WORK AT WORK	tince bollowy, etc.)			
ICAL E executor. Page for CTOR: I burrol,	22o. I certify that I took of	norge of the remoins described ob		Inspection , Inquiry	J
Se e ctar ctar ctar ned ECT	death resulted from: Na	turol couses 🔀 🛚 Accident 🗌	, Suicide , Homicide	, Undetermined monner	
JTY SICA Try, please e erol director be retained RAL DIRECT prior to bu	ACTUAL / Color D	CAT.	CHIEF MEDICAL EX		CLOUPS
TY, IY, I be reported to pring	SIGNATURE ROBERT	DITHOMAS, M. D.	M.D. ASSISTANT MEDICA DEPUTY MEDICAL	AL EXAMINER 22b. DATE	SIGNED
o DEPUTY CAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, cren		House Avenue	ADDRESS(Street o	ity, town, or county)	130
O He Te	230 BURIAL, CREMATION 238 DATE	c, Maryland 23c. 21701	ERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
- N	Cremation Jan.,	2. 1967 Fort Linco	ln	Washington, D.C	
	24. FUNERAL DIRECTOR	uald 201 ADDRESS	Fadeling 250 REC'D E	BY REGISTRAR 256 PEGISTRARS	SIGMATURE
VR A15ME (6) 1/1	M D Ftable	am P. Cam Thurs 1 2 . 1	M. 1 (4.4-5)	THE TURN YOUR PARTY	2 / / /

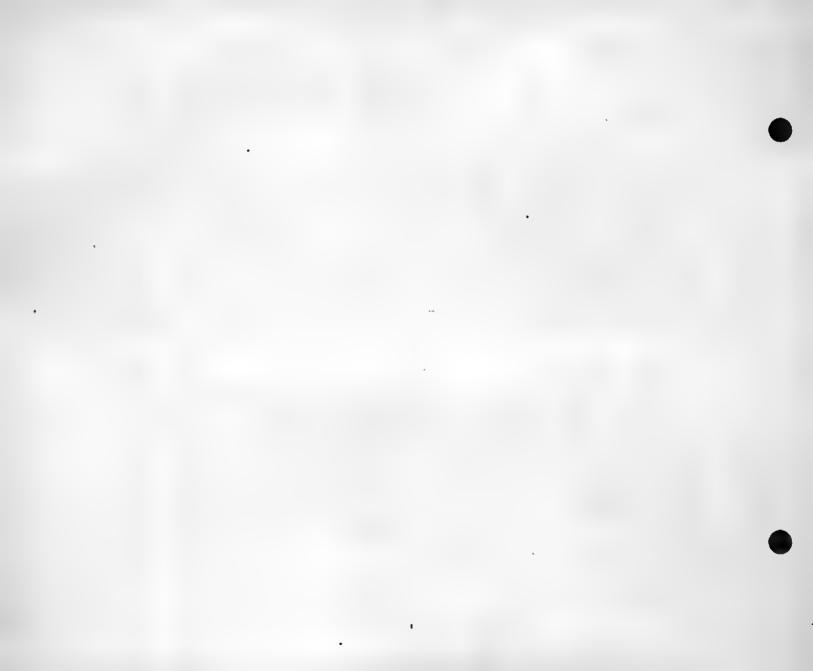
X

DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH rederick o. STATE b COUNTY MARYLAND Fayette b CITY OR TOWN (f autside carparate limits, write RURAL and give nearest tawn) c (ITY OR TOWN (f autside carparate limits, write RURAL and a ve nearest tawn) E LENGTH OF STAY IN 16 Prownsville OF Frederick d NAME OF MOSPITAL OR INSTITUTION (if nat in haspita, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? in pencil in Item 18 Give Pages. Highway - scene of accident YES NO alang with to 222 Union St This certificate should be executed within 24 hours after death 3 NAME OF F fst Middle DATE Month Yeor DECEASED (Type or print) Themas Raleigh DEATH DOC. 1967 19 IF UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 21 pinhday) Months Male Days Hours Min. White Nov. 28, 1946 hours ofter death DIVORCED WIDOWED 10a USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10b KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Uniontown, Pa.

14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME File James Raleigh Sophia Kotarba 17 INFORMANT 16 SOCIAL SECURITY NO Address event within 72 permit. Yes no, grunknown) (If yes give war or dates of service) 168-34-6303 U.S.Navy Records Viet INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward DUF TO any Conditions, if any, which gave nse to immediate cause (a), .= DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? ar remayal, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO. please execute the certificate, 4 should be 20a EXTERNAL CAUSE WAS PRIMARY OF ONTRIBUTING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of Appury in Bart I ar Part II of Item 18) 3 shauld CAUSE OF DEATH crematian, MEDICAL 1 20e PLACE OF INJURY (Home, form ((ty ar town) (County) TIME OF INJURY Manth Day, Year 20d INJURY OCCURRED Not While factory, stylet, office bldg , etc) Vour DIRECTOR: Page of work 21. I certify that I taok charge of the remains described above, held an Autopsy nspection | Inquiry and in my opiniar funeral director. death resulted fram Accident X Suicide Homicide | Undetermined manner Natural causes 5 mo, TO FUNERAL ... Health prior to b CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER L TO DEPUTY DEPLTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city tawn, ar county) NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23o BURIAL CREMATION Burial (Spec fy) Redstone Township. 12-7-57 St. Peteria 250 REC D BY REG STRAR 2Sb 24 FUNERAL DIRECTOR VR A15ME (5) Frederick, Md. Salamone Funeral Home 6M 1/67

0.1 $\mathcal{L}_{\mathbf{I}}$ (

	Item 18&Film 396 1-8-68MARYLAND STATE DE	PARTMENT OF HEALTH
1 m	DIVISION OF VITAL RECORDS, 301 W. PRES	TON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	The MEDICAL EXAMINER	S CERTIFICATE OF DEATH 3 3 9 8 9
HEALTH DEPT	1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
20 00 40	o. COUNTY Frederick MARYLAND	o. STATE, aryland b COUNTY Frederick
delay is and 3 ta A3. Page tment of	b CITY OR TOWN (f outside corporate limits, c LENGTH OF STAY IN 1b	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)
2, and 3 ta PM3. Page,	Har of you / Thom who kirea.	Brunswick
5 7 6	d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
figure 1, formal of the part o	Frederick Memorial Hospital	IS S. haple Ave. YES NO K
50± 504	3 NAME OF First Middle DECEASED	Lost 4 DATE Month Day Year
19 v d	(Type or print) BILLY ARLINGTON	REDITION DEATH 10-CC / 20, 196
hin 24 haurs after de nal n Item 18. Give P niner's Office alang wi pages I and 2 with the urs after death.	S SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED	(get highlight) Months Days House Min
urs ice i d2 v	male cauc. WIDOWED DIVORCED 100 SUAL OCCUPATION (Give kind of work dane 100 KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
ha Offi	during most of working life, even if retired) INDUSTRY	COUNTRY?
	Carpenter	Maryland U.S.A.
thir min pag		
d within 24 in pencil in I Examiner's (F le pages 1 72 haurs after	Stewart Redmon Is was deceased ever in u.s. armed forces? 16. social security no 17.	Bessie Feaster Address
or nut	(Yes na or unknown) If I ves a ve war ar dates of service)	
ld be executed with'n rd "pending" in pencil Chief Medica Examine fransit permit F le pag event within 72 haurs (18 CAUSE OF DEATH (Enter on y one cause per Imperior (a) (b) and (c)	Doris Dallas Redmon-Brunswick, Md.
per ef h	PART I DEATH WAS CAUSED BY	Heart Failure, Acute ONSET AND DEATH
shauld be e ne ward "pe a the Chief burial-transit	MMED ATE CAUSE (0) DUE TO A	
e shault the war ta the burral-	(Conditions, if any, which gave) (b) (Splux)	ron
te s the I to I to In	rise to immediate cause (a), Stating the underlying couse DUE TO	A EO
cert frate shauld writing the ward rwarded to the Ch ised as a burial-tro val, and in any ev	(c) coperate	nolood
vert tand	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	- PERFORMED?
This critate be far	Acute alcohol	1.5m YES 🔼 NO 🗍
독뉴 음동	E PRIMARY □ or CONTRIBUTING ■	(Enter nature of injury in Port I or Port II at item \$8)
INER: 1 e certific shauld E files. 3 shauld itan, or r	The state of the s	PLACE OF INJURY (Hame, form 20f (City or town) (County) (State)
		foctory, street, office bldg., etc.]
L EXA ecute Page or you R: Pag	21. I certify that I took charge of the remains described above.	held an Autapsy . Inspection . Inquiry . and in my apinian
or CAL 1 se exertor. Portor. P	death resulted fram: Natural causes , Accident , S	
MEDIT PERSON PROPERTY PROPINED PUREC	1/2 A DAT	CHIEF MEDICAL EXAMINER
ME pleas directair DIRI	SIGNATURE COVERS I KOLLEGO	M.D. ASSISTANT MEDICAL EXAMINER
o DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to burial, cremo	EXAMINER'S Robert J. Chomas M.D.	DEPUTY MEDICAL EXAMINER* Address (Street, city, town, ar county)
DE ecces ma funding FUI	23a BUR AL, CREMAT ON, 23b DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 ± 2 5 ± ()	EMOVA (Preside 12/26/67 St. Mary's	Cemetery Petersille Maryland
VR ATSME (5)	21 FUNERAL DIRECTOR ADDRESS AD	250 RECID BY REGISTRAR 1967256 REGISTRAR'S SIGNATURE
6M 1/67	teele tuneral Home	DATE DEC 21 1001



40 . ė

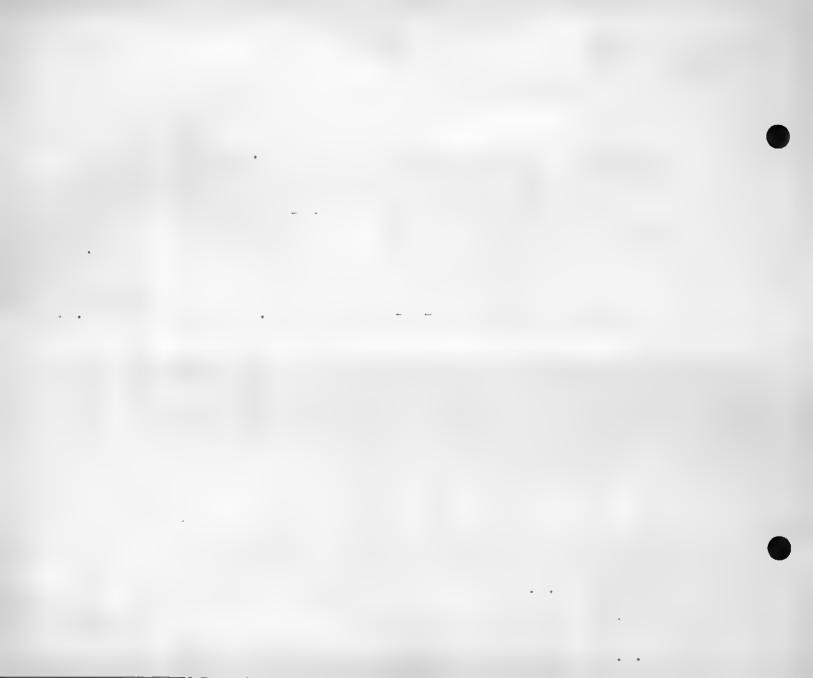
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY Frederick a. STATE b. COUNTY Maryland Frederick MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fown) b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN Th MICO E COVID Middletown years d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? cremotion, or removal, ond in ony event, within 72 YES NO TX 3. NAME OF Middle remove corban First Lost DATE Month Day Year DECEASED (Type or print) OF Wilson Roberson 12 1967 Leon DEATH s SEX IF JNDER 1 YEAR 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF JNDER 24 HRS 7 MARRIED X NEVER MARRIED 59 birthday) Manths Days Hours white male 1/17/1915 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) during mast of warking life, even if retired) U.S. attending physicion of sermit. Then pleose **UNDUSTRY** furnitur Montgomery, Md. salesman 14 MOTHER'S MAIDEN NAMI 13. FATHER'S NAME Charles O. Roberson Vada Knill 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT permit. (Yes, no, ar unknown) (If yes give war ar dates of service) 217-10-9228 Mrs. Ruth Roberson, Middletown, Md. ves INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause certificate has been be detached for use as the Stote Dept. of Health priar to last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? 3 NO YES 1 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part II of item 8) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm (City or town) (County) (State) Haur a.m. factory, street, office blda., etc.) Nat While at wark at wark 1927, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 19/0/ and that death accurred at 205 M, fram causes and an the date stated above saw the deceased glive an_ 22b DATE SIGNED 220 SIGNATURE director, page 3 should be filed w DIRECTOR PHYS M.D PHYS 22d ADDRESS 22c. PHYSICIAN'S TO HOSPITAL FUNERAL NAME (Type) Dr. Jefferson, Md. Talbott Brice 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL, CREMATION, bullal (Specify) Middletown, Fredk. Md. 12/12/67 Reformed Cemetery 0 2Sq REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Charles 196 Gladhill Company, Middletown, Md. 25M 1/67



	1	Division of STATISTICAL	MARYLAND STATE DEI RESEARCH AND RECORDS, 301			21201	
11		17001	CERTIFICATE	OF DEATH	j.	1.293	
		PLACE OF DEATH PREMORICK	MARYLAND	Manyland Many		rederick	2
		b CITY OR TOWN (If outside carparate limits,	c tength of stay in ib 3 days	Route 2 1	carparate hmits, write RURAL an Middletown	, , ,	
+		d NAME OF HOSPITAL OR INSTITUTION (If not in hi Frederick Memorial		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES A NO]
		NAME OF First DECEASED (Type or print) MARY		TZAHN	DATE Month OF DEATH DECEMBER		
		emale White w		ay 24,1895	Post birthday) Man		
	du!	USJAL OCCUPATION (G ve kind of work dane	Other of Business or Other of the other of t	Maryland	Fred. Co.	12 CITIZEN OF WHAT	_
		FATHER'S NAME Unknown		Annie Leat			
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (It yes give war ar dates af servi	Ro;	NFORMANT y E. Routzal	hn Rt.2 Mid	dletown, Md	
burial, crematian, or remaval, and in any event, within 72 hours, at		18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	thrie for (a), (b), and (c)) CEREBRAL HEMO	RRHAGE	-	INTERVAL BETWEEN ONSET AND DEATH TEMPORAL	
		Canditians, if any, which gave (b) /	HYPERTENSIVE ARTER	RIOSCLEROTIC	A.		
		stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		DIOVASCULAR	DISEASE IN PART I/a)	19. WAS AUTOPSY	-
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to the state Dept. of Health prior to the state Dept. of Health prior to the state Dept.	CATION	20a ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED (19. WAS AUTOPSY PERFORMED? YES NO	
	AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		E OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)	
	MEDIC	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While Nat While facto	ry, street, affice bldg., etc.)			
		21. I certify that (1) (this haspital) saw the deceased alive an	aftended the deceased fram	death accurred at 3	1), ta /2/22, AM, fram causes and	an the date stated above 2b. DATE SIGNED	1:
O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transshauld be filed with the State Dept. af Health priar ta burial, cre		Tarbard C.	Keyuld, MD	ATTENDING MED DIRE	CTOR PHYS.	12/22/67	_
	230	NAME (Type Richard C.	Reynolds M.D.	Frederic.	k, Maryland 23d LOCATION (City or Town)	(Caunty) (State)	_
		BURIAL CREMATION, 23b. DATE THEREOF DEC. 24,	1967 Lutheran	Cemetery]	Middletown	Fred. Md.	
		Gladhill Co.	Middletown, Me		1007 21 21 25	red	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17000 CERTIFICATE OF DEATH 17994 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b CITY OR TOWN (If outside corporate hmits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 20 vrs Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Frederick Memorial Hospital Church Street YES NO F 610 E. 4. DATE OF DEATH 3. NAME OF Lost Year Doy DECEASED (Type or pont) Eugene Russell 1967 burial, cremation, ar remayal, and in any event, Robert December IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years NEVER MARRIED 7 MARRIED lost burthday) Months Dovs Hours 12-8-1908 WIDOWED X Male Negro DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Watchman-garage COUNTRY? Mongomery . Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James Russell Unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Clara L. Dove Tuscoraroa P.O.Md 220-26-0584 363636363636363636 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN signed by the c burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refained by the haspital ar attending prior to last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1501 19 WAS AUTOPSY PERFORMED? cordi vascular disease YES 🔀 NO [200 ACCADENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20f. (City or town) 20c TIME OF INJURY Month, Doy, Year Hour o.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg , etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased from JAN 12 , 1965 30 DEC 7 , 1967, that (1) (we) last saw the deceased alive an DEC 7 1967, and that death accurred at 7.53M, fram causes and an the date stated above FUNERAL DIRECTOR: 220 SIGNATURE 22b. DATE SIGNED STAFF Dec. 8 DIRECTOR MD director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick Med.Center Michels 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) Burial (Specify) Sugarland Church Sugarland Mongomery Mo 12-11-67 0 2Sb. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE DEC .E. Hicks. 111 Frederick. Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17003 CERTIFICATE OF DEATH 10235 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporate imits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 New Market Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS S RESIDENCE ON A FARM? dod within Frederick Memorial Hosp New Market P.O. YES NO N NAME OF pau Middle First 4. DATE Lost Month Doy Year etely DECEASED OF event, 1 Violet Edith Sewell (Type or print) December COL DEATH 1967 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Manths Davs Hours Min and in any WIDOWED DIVORCED 3-4-1895 Negro Female and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11, BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? physician (nen please **INDUSTRY** Houswife -Frederick Co Md 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Hezikiah Crampton Ella Spriggs 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war at dates of service) Ь No 35-36-36-36 None Howard R. Sewell New Market, Md burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the bur.al-transit p ONSET AND DEATH Acute Lymphatic Leukemia IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) nse to immediate cause (a), DUE TO stating the underlying cause by the haspital ar attending рееп as the prior to (c) 19 WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE COND T ON GIVEN IN PART 1(a) State Dept. of Health ficate YES [NO į 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City at fawn) (County) (State) Not While foctory, street, office bldg., etc.) of work at work After 21. I certify that (I) (this haspital) attended the deceased from November saw the deceased glive an OCC 3 1960 and that death occurr 1967, that (I) (300) last 195% ro Hospital or Attend Page 4 may be retained 1967, and that death occurred affize PM, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased alive on DEC 22a, SIGNAJURE 22b. DATE SIGNED ATTENDING meado M director, page 3 M.D PHYS. DIRECTOR 22c PHYSICIANS 22d. ADDRESS NAME (Type Gilcin F. Meadors 812 Toll House Ave Frederick. Md 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION (Stote) (County) Burial Simpson Church 12-5-67 New Market Fred Md 2 Cem 25o REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) C.E. Hicks, 111 Frederick, Md 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14936 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o COUNTY Frederick o. STATE b. COUNTY Maryland Frederick MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, Page write RURAL and give nearest town The law requires that the death certificate be executed within 24 hours Life Frederick 21701 Frederick IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS campletely filled in ON A FARM? attending physician and campletely filled sermit. Then please remave carban papy Frederick Memorial Hospital 111 East Patrick Street YES | NO X or removal, and in any event, within 3 NAME OF First Middle 4. DATE Lost Dov Year DECEASED SIMMONS MARCUS WILLIAM December 3. DEATH 1967 (Type or print) 9. AGE (In years F UNDER I YEAR IF UNDER 24 HRS. S SEX DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED XX NEVER MARRIED 6 last birthdoy) Months Doys Hours 11 Oct 1905 Male White WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done during most of working te, even fretired)
Owner & Operator-Marcus INDUSTRY COUNTRY? Cleaners Frederick, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Nettie C. Mathias William L. Simmons 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address signed by the attendir burial-transit permit. 214-34-0667 Mrs. Louise A. Simmons (Same as item #2) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital ar attending physician.

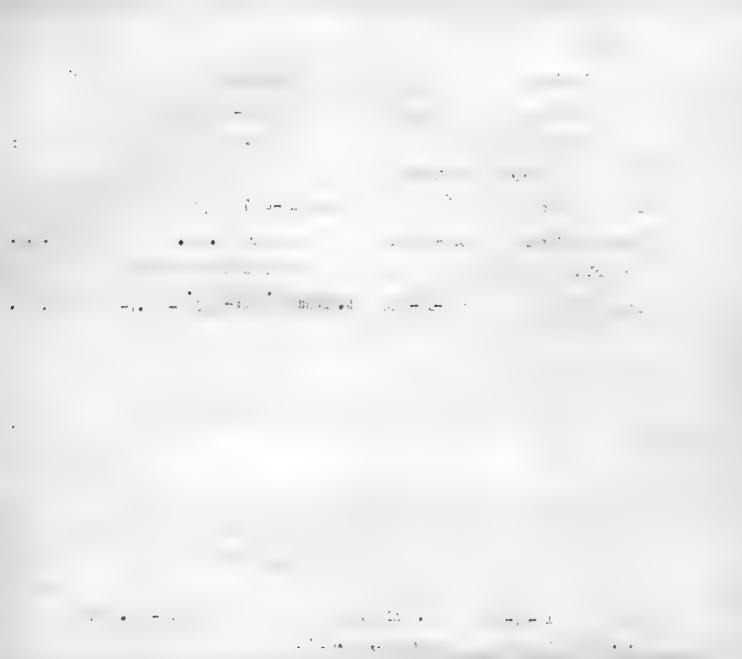
O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transland be filed with the State Dept. af Health prior to burial, creating the state of the s DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTHERELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter notifie of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While ot work ot work 19 62 ta Dec. 3, 19 67, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from _______, 19 62 to _Dec. 3. _____, 19 67, that (1) (we) last sow the deceased glive on _______, 19 67, and that death occurred at 1:45 m, from causes and an the date stated above. sow the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 4 Dec 1967 PHYS DIRECTOR PHYS. 22d ADDRESS 21701 22c. PHYSICIAN'S NAME (Type) Richard C. Reynolds, M. D. 804 Toll House Ave., Frederick, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DAYE THEREOF (County) (Stote) 230 BURIAL, CREMATION, BREMOVAL (Specify) Mount Olivet Cemetery Frederick, Md. 21701 12/6/67 0 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE DEC 5 196 **VR A15** M. R. Etchison & Son, Frederick, Md. 21701 20 M 1/66

it is a straight of the straig

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admission) o. COUNTY Frederick b. COUNTY Marvland Frederick MARYLAND b CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give genres Jown) Frederick days or remayal, and in any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARM Frederick Memorial Hospital 437 West South Street YES □ NO ¥ 3. NAME OF Middle 4. DATE remove carbon DECEASED OF DEATH (Type or print DATE OF BIRTH IF UNDER 1 YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 9, AGE (In years NEVER MARRIED birthdoy) June 12, 1895 White WIDOWED T DIVORCED 1Do USUAL OCCUPATION (Give kind of work done TOB. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during post of working life, even if retired Handwick Homemaker Monrovia, Maryland COUNTRY ? A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lola Day Charles Davis 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) Fred. Lawrence D. Smith 437 W. South St. be detached far use as the burial-transit pern State Dept. of Health prior ta burial, cremation, 1B. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN this certificate has been signed by the letached far use as the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. 4201 DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or lown) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21 | certify that (1) (this hospital) attended the deceased from 2 and that death accurred at/13:455/M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an_1 220 SIGNATURE STAFF M.D. DIRECTOR 22c PHYSICIAN'S 22d. NAME (Type) Dr. B. O. Thomas. M.D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION. (County) REMOVAL (Specify) 12-22-1967 Arlington National Cemetery Fort Myer. Virginia 250 RECD BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Frederick, Maryland DATE NF



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17006 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY Frederick Maryland o. STATE Frederick MARYLAND b CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) r LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rural - Adamstown Frederick week d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? poper Frederick Memorial Hospital Route 1 YES 🗍 NO P NAME OF First Middle DATE Lost Month Year the attending physicion and completely sit permit. Then please remove carbog DECEASED OF Charles McElfresh mith 19 DEATH S SEX IF UNDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Jost birthdoy) Months Hours March 17-1897 Male White or removal, and in any WIDOWED DIVOR(ED 10o USUA, OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CIT ZEN OF WHAT during most of working life, even if retired)
Highway Engineer State Roads Montgomery Co. Md. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rachal Eleanor McElfresh Charles Henry Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANTMrs.Kathryn T. Address (Yes, no, or unknown) (If yes give wor or dates of service) 558-38-2333 Mix No. 1 - Rt. 7 - Frederick, Md. Yes Wwar burial, crematian, NTERVAL BETWEEN PART | DEATH WAS CAUSED BY, signed by the burial-tronsit p QNSET, AND DEATH IMMEDIATE CAUSE (a) physicion. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending os the priar to hos been lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY PERFORMED? CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health NO 3 YES FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for us 20o ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Store) Hour am. Not While factory, street, office bldg , etc.) of work ot work 21. I certify that (I) (this haspital) attended the deceased from N/C), 1 1967, that (1) (we) last , 1961, to Dec. 24 1967, and that death accurred at 0.657MM, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS 22d, **ADDRESS** 22c. PHYSICIAN S NAME (Type) eder 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (Stote) (County) REMOVAL (Specify) Mt. Olivet Cemetery Frederick- Md. 21701 250. RECID BY REGISTRAP 96 24. FUNERAL DIRECTOR - 25b REGISTRAR'S SIGNATURE VR A15 (4) M.R.Etchison Frederick. Md.21701 20 M 1/66



5	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	17007 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. ≃ ≗(% 🏂	Place of DEATH a. COUNTY Frederick 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Frederick MARYEAND 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) b. COUNTY Frederick
y deloy ond 3 w3. rd	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 423 East Patrick Street
Total Total	d NAME OF MOSPITAL OR INSTITUTION (If not in hospito, give street address) DOA Frederick Memorial Hospital On A FARM? YES NO*
\$ ± 00 ±	3 NAME OF DECEASED (Type or print) GEORGE THOMAS SMITHER OF DECEMber 28 19 67
rs ofte 18 Gi e olon 2 with oth.	s sex 6 color or race 7 Married Never Married Aug. 6. 1905 62 of birthday) White Widowed Divorced Divorced Mn
24 hours in Item I rs Office es I ond 2	100 USUA_OCCLPATION (Give kind of work done during the first of the girls of the gi
within pencli	13 FATHER'S NAME 6 eorge R. Smither Emma Kolher
be executed within 'pendrag' in pencline Medical Examine wast permit. File pagent within 72 hours o	15 WAS DECEASED EVER N U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unknown) (If yes give wor or dotes of serv.ce) 219-28-4256 Mrs. Mary T. Smither 423 E. Pat. St. Fred. Md.
This certificate should be executed within 24 hours offer decate, writing the word pending in pencl in Item 18 Give P be forworded to the Chief Medical Examiners Office olong with be used as a burial-transit permit. File pages land 2 with the removal, and in any event within 72 hours offer death.	BE CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave insert a immediate couse (a), storing the underlying cause (c) Level Pulmonary Edema ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH Congestive Heart Failure Congestive Acute Congestive Heart Failure (d) Level Congestive Acute Congestive Heart Failure Storing the underlying cause (d) ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
This certificate, writing be forward to be used coremoval, a	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND F ON GIVEN IN PART 1(0)
# T P L	PRESONMED? YES NO 200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR
MIN the 4 sh 7 fill not o	20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not While of work of work of work of work 19 Not While of work of work 19 Not While N
execute for Poge of for you CTOR: Poggunial, crem	21. I certify that I taak charge of the remains described above held on Autopsy Inspection, Inquiry and in my aprilan death resulted freqs: Natural causes
please e pleast e place e retained L DIRECT or to burn	ACTUAL SIGNATURE OCCUPANT MD ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22 DATE SIGNED
O DEPUTY MEDICAL IS necessory, please execute the funeral director. Page 5 may be retained for O FUNERAL DIRECTOR: Health prior to burial,	EXAMINER'S NAME (Type) Dr. Robert J. Thomas M.D. Address (Street, city, town, or county) 12-29-1967
TO D TO FL	236 BUR AL CREMATION, REMOVAL (Specify) Burial 236 Date THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) Frederick, Maryland
VR A15ME (5)	24 FLNERAL DIRECTOR 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 REG STRAR S SIGNATURE ADDRESS 250 REC D BY REG STRAR 256 R



1	1	DIVISION		RYLAND STATE DEI CORDS, 301 W. PREST			201	
FOR STATE		17008		CAL EXAMINER'S			7889	
HEALTH DEPT.		PLACE OF DEATH COUNTY Frederick		MARYLAND	A STATE	(Where deceosed lived, f in b.	CALLS INC.	efore odmiss on) erick
delay 1 and 3 th M3 Pag		b. CTY OR TOWN (If outside corporate mit- write RURAL and give nearest town) Rural Freder	iok	vears		outside corporate limits, writ		arest tawn)
P P		NAME OF HOSPITAL OR INSTITUTION (IF no Route # 2	it in haspital, giv	ve street address)	d STREET ADDRESS	te # 2	OK f	o IS RESIDENCE ON A FARM?
E &	3	NAME OF		Middle	Lost	4 DATE		YES NO Oay Year
offer d 3. Give along with the	S.	The state of the s	7 MARRIEO [C. NEVER MARR EO	STALEY 8 DATE OF BIRTH	OF DEATH Dece	I IF UNDER 1 YEA	AR IF UNDER 24 HRS
be executed within 24 hours ofter death. It "pending" in pencil in Item 18. Give Pages 1 lief Medical Examiner's Office along with formal perm. It is pages I and 2 with the State Dent within 72 hours after death.	100	USLAL OCCUPATION (Give kind of work done no three three hours are three done not be three three done to the state of three tree three done three tree three tree tree tree tree t	widowed [D VORCEO DO OF BUSINESS OR ONE	March 12,		12 CITIZEN	OF WHAT
1 within 2 n pencil ir Examiner F.le poges 2 hours af	13 C	FATHER'S NAME			14 MOTHER'S MAJOEN Edith Al	NAME vesta Smith		
executed nding" in Medical E permit F within 72	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES?		0-26-2377 Mr	. Larry B.	Staley 436 C	enter St.	Fred. Md.
s should he word to the Ch burial-tra		1B. CAUSE OF DEATH (Enter only one coup PART I OF DEATH WAS CAUSED BY IMMEDIATE CAUSE OF DUE Conditions, if ony, which gove rise to immediate couse (a), stofling the underlying cause last	(0) Ca 10 Pu	of the of to	aupono ute Mys uotie He	role r. Dufar art Dis	et ease	INTERVAL BETWEEN ONSET AND DEATH
is certif le, writi forwor e used mavol, c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS C						19 WAS AUTOPSY PERFORMEO? YES NO
ertificological The Certificological The Certificol	MEDICAL CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF OEATH.	20b DESC	TRIBE HOW INJURY OCCURRED				
2 ± 4 ± 9 €	MEDICA	20c. TIME OF INJURY Month, Coy, Yeor Hour o.m. p.m. 19	While of work	Not While of twork	ACE OF INJURY (Home, for ctory, street, office bldg., etc	r.)		(State)
rcal s exector. P tor. P ed fast cror.		() 1 A-1		ains described abave, h Accident, Su	icide 🔲, Hamicid			and in my apiniai
TY MEDIX y, please rol directo se retaine (AL DIREC		ACTUAL SIGNATURE (Thee)	11/10	un	M O ASSISTANT ME	OICAL EXAMINER	13	22. DATE SIGNED
necessory, pleose the funeral direct S may be retain TO FUNERAL DIRECT Health prior to be	730	EXAMINER'S Robert J. TW		Manager OF CEMETERY OF	D . Address (Stre	et, city, fown, or LaCreycle 23d LOCATION (City)	rick, Md, d	- 21 - 6 (Stote)
5 = = ~ 5 = 0	В	REMOVAL (Specify) 12-28-			t Cemetery	Frederick		.d
VR A15ME 5		bert L. Dailey & So	45.	Frederick,	Marylandate	AN 2 1968	W WC	



MARYLAND STATE DEPARTMENT OF HEALTH 17007 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) The law requires that the death certificate be executed within 24 hours after deat a. COUNTY b. COUNTY Frederick Maryland MARYLAND Carroll (CITY DR TDWN (If autside carparate limits, write RURA, and give nearest town) b CITY OR TOWN (if autside corparate limits, c LENGTH DE STAY IN 1b. write RURAL and give nearest tawn) Mt. Airv Rural -Frederick S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS .= papera filled RFD # Frederick Mem. Hospital YES NO TO event, within NAME OF First Middle Month Last 4 DATE Day Year DECEASED 0F Vern (Type or pant) DEATH 6 COLOR OR RACE 7 MARRIED F 8 DATE DE BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 FIRE NEVER MARRIED Manths Davs Haurs and in any WIDOWED DIVORCED Jan.9, 1932 Female White 10a USUA, OCCUPATION (Give kind of work done 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? physician Newton, Mass. IISA Housewife Own home 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME burral, crematian, ar remaval, attending phys Christine McDonald William J. McQueen IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates af service) Samuel R. Steel, Jr. Item 2 No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (a) signed by O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II FINER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) State Dept. of Health NO certificate į 20a ACCIDENT WAS UNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f (City or town) (County) (State) After this 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Nat While at work nt wark 21 I certify that (1) (this hospital) attended the deceased from 12-1 _7 19___ , that (I) (we) last 19/62, and that death accurred at 10 45 AM, from causes and on the date stated above. DIRECTOR: saw the deceased alive an 12 22o. SIGNATURE 22b. DATE SIGNED directar, page 3 shauld be filed v DIRECTOR M.D 22d ADDRESS 22c PHYSICIAN'S FUNERAL NAME (Type) 23a BJRIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Dec.21,1967 Mt. Airy. Pine Grove 2 25b REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR 25g REC'D BY REGISTRAR VR A15 (#) Olin L. Molesworth, Damascus, Md.



17000 DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND b CITY OR TOWN (If outside cosporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RJRAL and give negrest town) write RURAL and give nearest town) d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO FIF NAME OF Middle 4 DATE Lost Doy Year DECEASED OF DEATH E. STEELE DECEMBER 26 19 (Type or print) IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys T. 7. 4 0 70 WIDOWED DIVORCED and 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) physician (nen please during most of working life, even (fretired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, William Snyder Smith Olevia 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no. pr waknown) (If yes give wor or dates of service burial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO FIRTERIUSCHEROTIE Conditions, if any, which gove rise to immediate cause (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending State Dept. of Health prior to PROIDVASCULAR ISGASE WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO this certificate ğ 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) 2Dr TIME OF INJURY Manth, Doy, Year Hour om. foctory, street, office bidg., etc.) Not While of work of work 12/26 2) I certify that (1) (this hospital) attended the deceased from. 1967, 10/2 1967, that (17) (we) last 19 ond that death occurred at 10 10 M, from causes and on the date stated above FUNERAL DIRECTOR: sow the deceased plive on. 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR director, page 3 should be filed v 22d. ADDRESS PHYSICIANIS O HOSPITAL NAME (Type) And land a 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b OATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 0 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 2011 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a STATE Mary land b. COUNTY FREDERICK Frederick MARYLAND b CITY OR TOWN (if autside agriporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town pupers nin 72 ho .⊑ d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS ON A FARM? 419 Klinehart Alleu Hospital Frederick Memorial NO V NAME OF Middle Last 4 DATE Pour Month Day Year ⅓ DECEASED OF Melinda Lizette December 12 1967 Summers and in ony event, (Type or print) 507 DEATH SFX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdov) Months hours 12-12-67 Female Negro WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) during mast at warking life, even if retired) INDUSTRY COUNTRY? ottending physician permit. Then please 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removal, Nona Danie Springgs Watts Eleanor Summers 15. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16. SOCIAL SECURITY NO permit. (Yes, no, ar unknown) (If yes give wor or dates of service 419 KlinehartA Nona Eleanor Summers NO ick Marylan IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.

RFCPIRATE. INTERVAL BETWEEN -tronsit ONSET AND DEATH RESPIRATORY IMMEDIATE CAUSE (a) signed by Poge 4 moy be retained by the hospital or attending physician Conours and **DUE TO** PREMATURITY burnal Conditions, if any, which gave 50 minutes rise ta immediate cause (a), DUE TO stating the underlying cause hos been last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION Health YES 🔽 NO this certificate 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 1) of item 18.) detoched for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Month, Day, Year (City or town) (County) (State) SE SE factory, street, affice bldg., etc.) at work **DIRECTOR:** After 12-12 1967 to 12-12 1967 that (1) (we) last 21 | certify that (1) (this haspital) attended the deceased fram and that death occurred at 12.32PM, from couses and on the date stated above. saw the deceased alive an-2-12 1967 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D DIRECTOR be filed 22c PHYSICIANS NAME (Type) J. FRED 22d ADDRESS O FUNERAL FREDERICK MENICAL CENTER director, should 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE THEREO! (County) (State) REMOVAL (Specify) REDERICK MEMORIAL HOSE FREDERICK TO HOSP 24. FUNERAL DIRECTOR **ADDRESS** 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Misageley

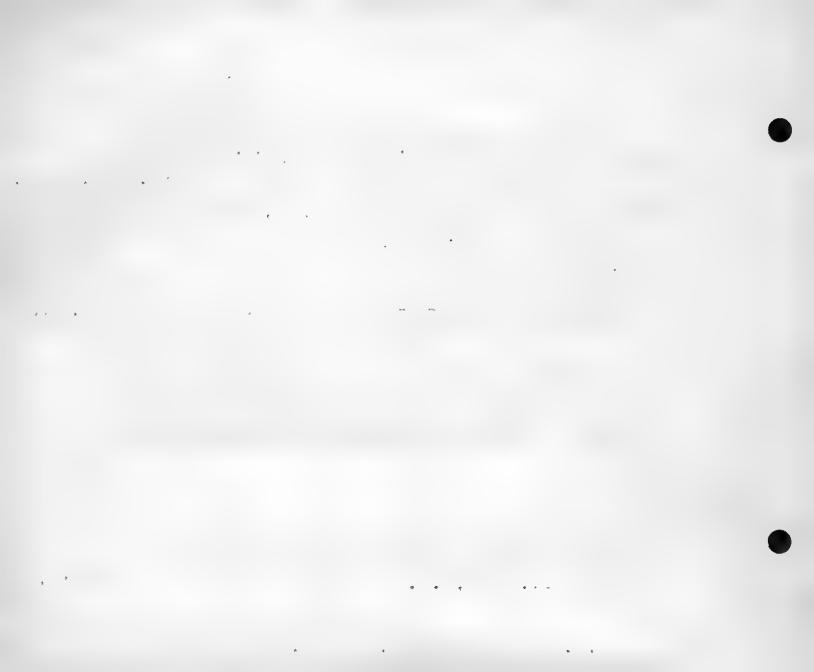


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17004 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) · COUNTY Frederick b COUNTY Frederick MARYLAND Maryland. b CITY OR TOWN (If autside corporate limits, write RURAL and give negres) town) Frederick c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside appoints limits, write RURAL and give nearest town) Frederick davs d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS 300 Fairview Avenue Frederick Memorial Hospital NO KX burial, cremation, ar remayal, and in any event, within PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle Lost 4 DATE Doy Year DECEASED Giles DECEMBER ANNER (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH 9 AGE (In years 7 MARRIED X NEVER MARRIED 74 birthdoy) Dovs Nov. 30. 1893 White Male WIDOWED DIVORCED 100 USUAL OCCUPAT ON (Give kind of work done during most of working lite, even if retired)
U.S. Army Ret. 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) INDUSTRY Atchison, Kansas None 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Frank William Tanner Harriet Williams 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Fred. (Yes no or Jnknown) (If yes give wor or dotes of service) 221-09-0754 Mrs. Lydia I. Tanner 300 Fairview Ave. Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit ONSET AND DEATH CEREBRAL INFARCTIONS EALED DUE TO Conditions, if any, which gove MYOPARDIAL INFARCTION rise to immediate couse (o), DHF TO stating the underlying couse last 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) **IMPHOMA** NO 200 ACCIDENT WAS UNDERLYING TO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While factory, street, office bldg, etc.) of work 19_67that/(1)(we) last 21. I certify that (1) (this hospital) attended the deceased from. 19.60 to 11 19 67, and that death accurred at 11.0 M, from causes and an the date stated above 122 saw the deceased alive an___ 22o. SIGNATURE. 22b DATE SIGNED STAFF director, page 3 shauld be filed v M.D 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Richard C. Reynolds M.D. Toll House Avenue Frederick. 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Cremation Washington, D.C.
REGISTRAR 25b REGISTRAR S SIGNATURE Codar Hill Crematorium | Washi 24_FUNERAL DIRECTOR DATE Frederick, Md.



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL	AND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before admission)
÷ 5 € 5	Frederick MARYLAND Maryland	b. COUNTY Frederick
	write RURAL and give nearest town)	mits, write RURAL and give nearest town)
A STATE OF THE STA	Frederick Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	l e IS RESIDENCE
orm oom		ON_A_FARM?
	Frederick Memorial Hospital 108 Carver Apt 3 NAME OF lost 4 DATE	Month Doy Year
	DECEASED (Type or print) Ernest McKinley Turner DEATH	Dec. 27. 19 67
offer 8 Gr olone with h.	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 B DATE OF BIRTH 9	AGE (n years FUNDER YEAR IF UNDER 24 HRS Isot birthdoy) Months Doys Hours Min.
urs (ce o ce o d2 w	Male Negro WIDOWED WIDOWED WORKED Oct. 6, 1922	45 YIS
hou itten Offii lone	100 USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign cound uring most of working life, even if retired)	rtry) 12 CITIZEN OF WHAT COUNTRY? U.S.A.
n 24 il in ier's ges offic	Laborer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
ithir mmi po po ours		1
Fire Fix A	Oscar Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT	Address
cute ng" dico dico	(Tes, no, or unknown) (If yes give wor or dotes of service)	
This certificate should be executed within 24 hours ofter death icate, writing the word "pending" in pencil in item 18 Give Pogribe forworded to the Chief Medical Examiner's Office olong with it be used as a burial-transit permit. File pages land 2 with the Statemoval, and in any event within 72 hours after death.	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
d "p Chie rans	IMMEDIATE CAUSE (o) CARVIAC TRREST	O GE. MID BLAIN
won won the right	Conditions, if ony, which gove) (b) ARRYTHMIA	
the shape of to by	rise to immediate couse (a), (a) DUE TO	
frot ing rded ond	lost ARTERIUSCLERUTIC CARRIDURSCLE A	
writh writh rwol	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN	IN PART I(0) 19 WAS AUTOPSY PERFORMED?
h s date, e fo	D FAMOUS CALLES OF THE STATE OF	YES NO X
MEDICAL EXAMINER: This certificate should be executed within 24 hours offer please execute the certificate, writing the word "pending" in pencil in item 18. Given decaped a should be forworded to the Chief Medical Examiner's Office biong retained for your files. DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with it to burial, cremation, or removal, and in any event within 72 hours after death.	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INRY OCCURRED (Enter nature of njury in Port I or Port I	of item 18.)
NER Shou Shou Files. Sho	CAUSE OF DEATH 2 20c T.ME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 20e. PLACE OF NJURY (Home, form. 2Df ((Ity or town) (County) (State)
AMM the the	Hour o.m While Not White foctory, street, office bldg , etc.)	
FX Poge or ye	21. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection	N Inquiry , and in my apintan
CTO TO TO THE CALL	death resulted from Natural causes, Accident, Suicide, Hamicide, Und	
AEC ease ease line training to b	ACTUAL CHIEF MED CA. EXAMINER	22. DATE SIGNED
FY Pl	SIGNATURE MD ASS STANT MED CA. EXAMINER	
DEPUTY MEDICA necessary, please ex the funeral director. S may be retained to FUNERAL DIRECTO	EXAMINER'S NAME (Type) Address (Street, city, town, or	
TO DEPUTY MEDICAL EXAMINER: This certineessary, please execute the certificate, writh the funeral director. Page 4 should be forword may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used Health prior to buriof, cremotion, or removal.	230. BUR AL, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d .OCA	TION (City or Town) (County) (State)
=	Burjal 12-31-67 Fair View Cemetery Fr	ederick, Frederick, Md.
VR A15ME (SP	24 JUNEAU DIRECTOR ADDRESS 250 REC D BY REGISTRAN	REGISTRAR SIGNATURE
OM 1/0/	Robert L' Suouden Rockville, Md. 20850 MAN. 3 19	7 0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7006 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) delay is o. COUNTY o. STATE **b.** COUNTY Frederick Virginia Loudoun MARYLAND CLENGTH OF STAY IN 16 b (ITY OR TOWN (if autside carparate mits, c CITY OR TOWN (If auts de carparate limits, write RURAL and que nearest tawn) and M3. write RURAL and give nearest town) Hillsboro Frederick Transient d, NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES.DENCE ON A FARM? olong w th farm Frederick Memorial Hosp. (DOA) P.O. Box 32 NO SC YES 3 NAME OF M dale DATE Manth Year DECEASED 0F ROGER THOMAS VENEY Dec. 1967 (Type or print) DEATH S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 7 MARRIED TO NEVER MARRIED 8. DATE OF BIRTH last birthday) Months ony event within 72 hours after death Negro WIDOWED D.VORCED Jan. Male 10a USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or fore gn country) 12 CITIZEN OF WHAT 1Db KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? NDUSTRY in pencil in I Examiner's (Avis Rent-A-Car Virginia Garageman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sidney Brown Mary Catherine Venev 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO pending" in ef Medical E (Yes, na, or unknown) (If yes give war or dates of service Hillsboro. Augusta M. Venev 18 CAUSE OF DEATH (Enter only one cause per lyne for (a), (b) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) e, writing the ward ' DUE 10 Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS A ITOPSY PERFORMED? CATION YES 🔽 h0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I at Part II of tem 181) 3 should PRIMARY ar CONTRIBUTING CAUSE OF DEATH 2Dc. TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form 2Df (City or town) (Caunty) (State) Hour a.m. Not While factory, street, affice blda., etc.) FUNERAL DIRECTOR: Page of work at wark 21. I certify that I took charge of the remains described above, held an Autopsy 17. Inspection . Ingury , and in my opinian Natura causes 📆 death resulted fram: Accident Suicide . Ham.cide Indetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED TO FUNERAL DI ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER " 4 Dec 1967 Robert J. Thomas. M. D. Address (Street, city, tawn, ar caunty) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23b. DATE THEREOF (County) 23a BUR AL CREMATION Lincoln Cemetery Lincoln, Virginia ADDRESS 25g. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) & Son 106 E. Church St. 6M 1/67 DATE



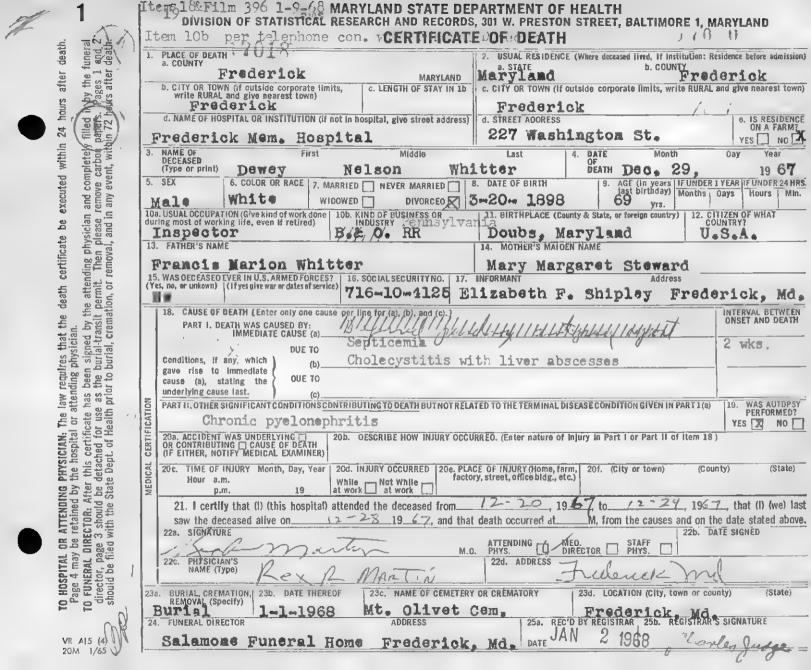


b 1	ı		Division of STATIST		MARYLAND STATE DI			YLAND 21201
		17015	lte	m 9 F	CERTIFICAT	OF DEATH	REET, BALTIMORE, MARY	7008
er death	1,	PLACE OF DEATH o. COUNTY	Frederi	ck	MARYLAND	- CTATE	(Where deceased lived, if institution with the column b.	UNITY Frederick
by the Pages aurs after		write RURAL and	f autside carporate mits, f give nearest tawn) Brunswick		c LENGTH OF STAY IN 16	[]	autside carparate limits write R	10 ,
in 24 ho		NAME OF HOSP T	7th Ave.	in haspital,	give street address)	d STREET ADDRESS	7th Ave.	0 IS RESIDENCE ON A FARM? YES NO X
ecuted within 24 completely filled ave carbon page y event, wellen		NAME OF DECEASED (Type or print)		NELSC		Last	OF DEATH Docen	
execute and camp	5	Male	White		NEVER MARRIED DIVORCED	2/11/1/4/9	9 AGE (n years law hardy)	Manths Days Hours Min.
ate be exician and lease remain and and in an	duri R	ng mast af warking etired	l (Give kind of work done life, even if retired) RR Caller	10b K	IND OF BUSINESS OR NOUSTRY (ailroad	Ma	nty & State, or foreign country) ryland	12 CITIZEN OF WHAT COUNTRY?
h certificate be ing physician o Then please remaval, and ii	1				es P. Gray		lla Rice	
he death atrendin permit.	15. (Ye	s, na, ar unknawn) No	R IN US ARMED FORCES? (if yes give war ar dates af	service) 76	7-05-7892 C	nformant harles M.	WeddleBru	
equires that the physician. signed by the burial-transit burial, cremat		PART I. DEAT PART I. DEAT A A A A Conditions, if any, rise to immediat stating the under last	which gave (a), e cause (a), Tlying cause	o) <u>Con</u> (b) <u>Con</u> ((o), (b), and (c).) onary Thromb		3	INTERVAL BETWEEN ONSE AND DEATH SUGGEN
: The law ratending are these has been use as the alth prior to	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO		TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	L CERTIFICATION		S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]		ESCRIBE HOW INJURY OCCURRED			
NG PHY 7 the he er this a detact are Dep	MEDICAL	Hour a.r p.r	n. 19	While at war	Nat While G	ACE OF INJURY (Hame, for tary, street, affice bldg., e	rtc.)	(County) (State)
TENDIII ined by OR: Aft auld be		saw the d	fy that (I) (this hasp eceased alive an	oital) atten 12-	ided the deceased fram_ 2019 67, and th	4-20- at death accurred	, 19 <u>67,</u> ta <u>12–2</u> 9 at <u>5: 30p</u> M, fram cause	O-, 19.67 that (I) (we) last s and an the date stated abave.
OR A' be reft DIRECT Bed with		22c. PHYSICIAN'S	1.4		RO "	.D. ATTENDING D	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED Dec. 22, 1967
SPITAL 4 may NERAL NERAL Id be figure	0.0	NAMF (Type	C. T. By		Kao, M. D.	Gum Sp	oring Hollow	,Brunswick, Md.
TO HO Page To Full	230	BURIAL, CREMATIC REMOVAL (Specify Burial Funeral director	12/23/		Park Heigh	nts	Brunswick	Town) (County) (State) - Fred - Nd REGISTRAR'S SIGNATURE
VR A15 (1)	7	este -	Funeral H	me-	Brunswick,	Id.	C 2 7 1967	in Judge.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17013 17000 CERTIFICATE OF DEATH and 2 within 24 hours after death USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a STATE Maryland a. COUNTY b. COUNTY Frederick MARYLAND Frederick Pages aurs afte c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CTY OR TOWN (if autside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Frederick Frederick Years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? completely filled in burial, crematian, ar remaval, and in any event, within 72 L East Third Street 7 East Third Street YES NO DE 3. NAME OF First Middle Last 4. DATE Manth Dov Year attending physician and completely f permit. Then please remove carban DECEASED WILLIAM 19 67 C. WESTERDALE (Type or print) DEATH December requires that the death certificate be executed AGE (In years last birthdoy) IF LINDER I YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Days Hauts October 12, 1890 White DIVORCED Male WIDOWED 12, CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working ite, even if refired)
Salesman COUNTRY? U. S. A. INDLSTRY. Brockton, Mass. Lamont Co ravessi 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME John Westerdale (Unknown) 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) 078 09 1486 Mrs. Myrtle Westerdalo (Same as item#2) Nο INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician DUE TO PRIER WSCLEROTIC Conditions, if only, which gave (b) rise to immediate cause (a) DUE TO stating the underlying cause as the l O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use sho≡ld be filed with the State Dept. af ⊪ealth | NO A 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work at wark 19 67, that (i) we) last 21 I certify that (1) (this haspital) attended the deceased from 19 60 to. 1960, and that death occurred at 128/A M, fram couses and an the date stated above. sow the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS STAFF PHYS Dec. 4, 1967 M.D Toll House Ave.Frederick, Md. 22c. PHYSICIAN'S NAME (Type) Richard Revnolds. N.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Dec. 5. 1967 Jefferson, Maryland Lutheran Cemetery 256 REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS Falche DATEDEC Milianles Judge VR A15 (4 M. R. Etchison & Son, Frederick, Maryland 20 M 1/66





* * * * · ... 1- 24 . # and the second s . . .

- 1=	401.			CER	TIFICAT	E OF	DEATH				701	3
1.	PLACE OF DEAT					2. USU	ATF	_	decessed lived, b, COt	INTY	_	
_		Freder			MARYLAND		Mar	yland			Fre	
1	b. CITY OR TOWN write RURAL en	id give neerest t	orate limits, town)	c. LENG	TH OF STAY IN 1	e. Cl	TY OR TOWN	(If outside co	rporete limits, wr	ita RURAL ai	nd give	neeras
	Freder	ick		2	支 yrs.		4.3	rmont				
	d. NAME OF HOSP				street eddress)	d. \$1	REET ADDRESS					e,
E	rederick	Nurs	ing Ho	ome								YE
3	NAMEOF		Frest		Middle		Lesi	4. DATE	Mor	sth	Day	
П	(Type or print)	Elsi	- "	herine		nide		DEAT	н D	ec.	6	
5	. SEX	6. COLOR C	DR RACE 7. M	ARRIED NEV	ER MARRIED	B DATE OF	BIRTH		9. AGE (în yae	IF UNDER		IF U
	Female	Whi		OWED A	DIVORCED	9-8-1	L88 6		lest birthdey	Months	Days	Ho
1	Da. USUAL OCCUPA	TION (Give kin	d of work 1	Ob. KIND OF BU	SINESS OR INDUS	STRY 11 8IR	THPLACE (Cou	inty & State,	or foreign countr	y) 12. CI	ITIZEN O	DF WI
ľ	Housew	orking life, eve 116	n if retired)	Own	Home		Frede	rick	County		US	A
1	3. FATHER'S NAME			~		14. MOT	HER'S MAIDEN			Ţ -		
L	Char	les R	obinso	าท				Mart	ha We	dd le		
1:	. WAS DECEASED ET	YER IN U.S. AR	MED FORCES?	16 SOCIAL SI	ECURITY NO. 17	INFORMA	INT		Addre			
10	(es <u>, n</u> o, or unkown) [[(If yes give war o	rdetesofsarvice	216-03				ារ គារ	anagan	Thu	ח מפרנו	nt
-	NO 18. CAUSE OF 1	DER PH (Enter				LITT. D.	nusso		anagan	1,10		ERYA
l		TH WAS CAUS	CO DV		1-77						ON	ICET
	Conditions, if on	IMMEDIATE C.	AUSE (e) J		l Pneumo			<u> </u>				NSET A
	Conditions, if engeverise to immed	IMMEDIATE C.	AUSE (e) DUE TO (b) (b)	Cerebral	. Vascula	r Acci	dent .	<u> </u>				
75	Conditions, if engeve rise to immed (e), steting the cause lest.	y, which diete cause underlying	AUSE (e)	Cerebral		r Acci	dent sis		E CONDITION G	IVEN IN PAR		19. W
ATION	Conditions, if engeve rise to immed (e), steting the cause lest.	y, which diete cause underlying	AUSE (e)	Cerebral	. Vascula . Arterio	r Acci	dent sis		E CONDITION G	IVEN IN PAR	RT 1(e) 1	19. W
HEICATION	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE	y, which diete cause underlying are Significant	AUSE (e) DUE TO (b) (c) (c) (c) (d) (d) (d) (d)	Cerebral	. Vascula . Arterio	r Acci	dent sis	INAL DISEAS		IVEN IN PAR	RT 1(e) 1	19. W
CERTIFICATION	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE	immediate C. y, which diete cause underlying and immediate C. ER SIGNIFICANT VAS UNDERLYR G CAUSE OF	AUSE (a) DUE TO (b) (c) (c) (CONDITIONS	Cerebral	Vascula Arterio	r Acci	dent sis	INAL DISEAS		IYEN IN PAR	RT 1(e) 1	19. W
CERTIF	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	IMMEDIATE C. y, which diete cause underlying and cause underlying are cause of the	AUSE (e) DUE TO (b) CONDITIONS OUR TO CONDITIONS DEATH AMINER)	Cerebral Cerebral Contributing Contributing Contributing	Vascula Arterio TO DEATH BUT W INJURY OCCUI	r Acci sclero NOT RELATED RRED. (Enter no	dent sis TO THE TERM	INAL DISEAS			RT 1(e) 1	19. W
CERTIF	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	IMMEDIATE C. y, which diete cause underlying and cause underlying are cause of the	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS DEATH AMINER) Dey, Yeer	Cerebral Cerebral Contribution	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci sclero NOT RELATED RRED. (Enter no	dent . Sis_ TO THE TERM	INAL DISEAS	rt II of item 18.)		RT 1(e) 1	19. W
MEDICAL CERTIFICATION	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour a.m. P.m.	y, which diete cause underlying R SIGNIFICANI VAS UNDERLYRE G CAUSE OF MEDICAL EX. URY Month,	AUSE (e) DUE TO (b) CONDITIONS NG 20E DEATH AMINER) Dey, Yeer 19	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci sclero not related RRED. (Enter no	dent sis TO THE TERM eture of injury URY (Home, fail office bldg., et	in Port I or Po	rt II of item 18.) Ity or town)	{Co	RT 1(e) 1	YES
CERTIFI	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. P.m. 21. certify	y, which diete cause underlying are SIGNIFICANT AS UNDERLYING CAUSE OF MEDICAL EX. URY Menth, that (I) (this	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS DEATH AMINER) Dey, Yeer 19 19	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci sclero not related PLACE OF INJ ectory, street, Augus	dent sis to the term eture of injury URY (Home, far office bldg., et	in Port I or Po	rt li of item 18.) ity or town)	(Co	RT (e) 1	YES
CERTIFI	Conditions, if en geve rise to immed (e), steting the scause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour a.m. p.m. 21. I certify saw the decea	IMMEDIATE C. y, which diete cause underlying and cause of y Medical Ex. URY Month, that (I) (this ised alive of	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS DEATH AMINER) Dey, Yeer 19 19	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci sclero not related PLACE OF INJ ectory, street, Augus	dent sis to the term eture of injury URY (Home, far office bldg., et	in Port I or Po	rt li of item 18.) ity or town)	(Co	RT (e) 1	9. W YES
CERTIF	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJI Hour a.m. P.m. 21. certify	IMMEDIATE C. y, which diete cause underlying and cause of y Medical Ex. URY Month, that (I) (this ised alive of	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS DEATH AMINER) Dey, Yeer 19 19	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci esclero not related RRED. (Enter no place of INJ) ectory, street, n Augus at death or	dent sis TO THE TERM eture of injury URY (Home, ia office bldg., et	in Port I or Port, 20f. (C.) 195, to 100.	ity or town) Dec 6 m the causes	(Co	RT (e) 1	YES
CERTIF	Conditions, if en geve rise to immed (e), steining the scause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 10c. TIME OF INJI Hour a.m. p.m. 21. I certify saw the decea	IMMEDIATE C. y, which diete cause underlying and cause of the cause o	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS DEATH AMINER) Dey, Yeer 19 19	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F	r Acci esclero not related RRED. (Enter no place Of INJ ectory, street, Augus at death or M.D. Atte	dent Sis TO THE TERM Office of injury URY (Home, far office bldg., et	in Port I or Port. (c.) 20f. (C.) 155, 1.	ity or town) Dec 6 m the causes	(Co	RT (e) 1	YES
CERTIF	Conditions, if en geve rise to immed (e), steting the scause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour a.m. p.m. 21. I certify saw the decea	y, which diete cause underlying and cause underlying and cause of y McDical EX. URY Month, that (I) (this ased alive of the cause of t	AUSE (e) DUE TO (b) (c) (c) (CONDITIONS NG	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT WINJURY OCCUI CURRED 200. F	r Acci esclero not related RRED. (Enter no place Of INJ ectory, street, Augus at death or M.D. Atte	dent sis TO THE TERM eture of injury URY (Home, ia office bldg., et	in Port I or Po	ity or town) Dec 6 m the causes	(Co	RT I(e) 1	YES
MEDICAL CERTIFI	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE. NAME (Type	IMMEDIATE C. y, which diete cause underlying and cause of the cause o	AUSE (a) DUE TO (b) (c) (c) T CONDITIONS NG 20E DEATH AMINER) Dey, Yeer 19 (c) (d) (e) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F Valle deceased from 67, and the present section of the	r Acci esclero not related RRED. (Enter no place OF INJ ectory, street, Augus at death or ATTE PHYS 2224.	dent sis TO THE TERM Office bidg., el t 15 CCULTED STORM	in Port I or Port, 201, (C.) 201, (C.) 100, from MED. DIRECTOR	ity or town) Dec 6 m the causes PHYS. USE AV	(Co	Prod	9. W TYES
MEDICAL CERTIFI	Conditions, if en geve rise to immed (e), steting the scause lest. PART II. OTHE 20e. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIF) 20e. TIME OF INJ. Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE. 22e. PHYSICIAN'S NAME (Type	y, which diete cause underlying and cause of y Medical EX. URY Month, that (I) (this ased alive of the cause	AUSE (a) DUE TO (b) (c) (c) (d) (e) (d) (e) (e) (e) (e) (e	Cerebral Cerebral Cerebral Contribution Cont	Vascula Arterio TO DEATH BUT WINJURY OCCUI CCURRED 200. F Valle of cemeter OPS	r Acci esclero not related PLACE OF INJ ectory, street, Augus af death of M.D. Atte PHYS 22d. Y OR CREMA	dent sis to the term eture of injury URY (Home, far office bldg., et t 15 ccurred ab.: NDING ADDRESS	in Port I or Port. in Port I or Port. 195, to 100, from the control of the c	th II of item 18.) Dec 6 m the causes PHYS. USE AV CATION (City, I	and on	PRT I(e) 1	yes hat
webical ceptier	Conditions, if en geve rise to immed (e), steting the cause lest. PART II. OTHE 20e. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) Hour a.m. p.m. 21. I certify saw the decea 22e. SIGNATURE. NAME (Type	y, which diete cause underlying are Significant was underlying and Cause of y Medical EX. URY Month, that (I) (this is as a dive of the cause of th	AUSE (a) DUE TO (b) (c) (c) (c) (d) (d) (d) (e) (e) (e) (e) (e	Cerebral Cerebral Contribution	Vascula Arterio TO DEATH BUT W INJURY OCCUI CCURRED 200. F Valle deceased from 67, and the present section of the	r Acci sclero NOT RELATED RRED. (Enter no place OF INJ ectory, street, at death or M.D. ATTE PHYS 22d- Y OR CREMA	dent sis to the term eture of injury URY (Home, far office bidg., et t 15 ccurred ab. Apparess Apparess Control Control Control	in Peril or	ity or town) Dec 6 m the causes PHYS. USE AV	and on	ounty) O, the date of th	YES That



		CERTIFICATE	OF DEATH		i 4813
1.	PLACE OF DEATH			(Where deceased lived, if institut	tion: Residence before ad
	Frederick	MARYLAND	*. STATE Maryl	and b. COUNTY	Frederick
	b. CITY OR TOWN (if oulside corporate lin write RURAL and give nearest town)	nits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside corporete limits, write RURA	AL and give nearest town
	write RURAL and give nearest town)	years	Frede	rick	
	d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		n, IS RES
_	743 Motter Av			otter Avenue	YES 1
٥.	(Typa or print) WALTE	R HUGH	WILLS	DEATH December	Il. 19 6
5.		7. MARRIED X NEVER MARRIED 18	B. DATE OF BIRTH	9. AGE (In years IF UN	
	Male White		April 23, 1900	O7 yrs. Mon	the Days Hours
10e dq	ne during Troil Give kind of wo	rk 10b. KIND OF BUSINESS OR INDUSTR			CITIZEN OF WHAT CO
		None	Frederick C		U.S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	James Lewis Wills		Emma J. Har		
15. [Y	WAS DECEASED EVER IN U.S. ARMED FO	[Address	
1	114	-11 10 0100 111	es. rata e. Mi	lls 743 Motter A	<i>a</i> .
	18. CAUSE OF DEATH [Enter only on PART I. DEATH WAS CAUSED BY:	a cause par line for (e), (b), and (c).			ONSET AND DE
	IMMEDIATE CAUSE IS	. Bronchoas	Zne Car	concourse.	
	DUE TO				
	Conditions, if eny, which gave rise to immediate cause				
	(a), staling the undarlying DUE TO				
	(a), stating the underlying DUE TO	J			
HON	(a), stating the underlying DUE TO	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELÂTED TO THE TERMÎNA	L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AU PERFOR
CATION	(a), stating the undarlying DUE TO causa last. (c	DITIONS CONTRIBUTING TO DEATH BUT NO			PERFOR
ERTHRICATION	(a), staling the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH	OIL DITIONS CONTRIBUTING TO DEATH BUT NO DEA			PERFOR
-	PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED	ED. (Entar nature of injury in P	ant I or Part II of ilem 18.}	PERFOR YES N
	(a), staling the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED apr 20d. INJURY OCCURRED 20e. PLA While Not While fact	ED. (Entar nature of injury in P	art I or Part II of item 18.)	PERFOR.
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20b. PLA	ED. (Entar nature of injury in P ACE OF INJURY (Home, farm, lory, street, offica bldg., etc.)	ars I or Parl II of item 18.) 20f. [City or lown]	PERFOR YES N
-	[a), staling the underlying DUE TO Causa last. PART II. OTHER SIGNIFICANT COND CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER CO. TIME OF INJURY Month, Day, Y Hour e.m. 19	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work et work ital) attended the deceased from.	CE OF INJURY (Home, farm, lory, street, office bidg., etc.)	20f. (City or lown)	PERFOR YES N
-	[a), staling the underlying DUE TO causa last. PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING [N. 1] OR CONTRIBUTING [T] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work et work ital) attended the deceased from.	CE OF INJURY (Home, farm, lory, street, office bidg., etc.)	ars I or Parl II of item 18.) 20f. [City or lown]	PERFOR YES N (County) (S
-	(a), staling the underlying DUE TO causa last. PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING (N. 1) OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work et work ital) attended the deceased from.	ED. (Enter nature of injury in PACE OF INJURY (Home, farm, lory, street, office bldg., etc.) death occurred at 7.	20f. [City or lown] 10	PERFOR YES N (County) (S , 19-2, that (I) (won the date stated a
-	(a), staling the underlying DUE TO causa last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not While et work fact et work 196	ED. (Enter nature of injury in PACE OF INJURY (Home, farm, fory, street, office bldg., etc.) death occurred at ATTENDING ME PHYS. ME	20f. [City or lown] 10	PERFORM YES N (County) (S
-	(a), staling the underlying Causa last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED aar 20d. INJURY OCCURRED 40b. PLA While Not While et work et work 110c. 110c	CE OF INJURY (Home, farm, lory, street, office bldg., etc.) death occurred at ATTENDING MEPHYS. DIR	20f. (City or lown) 20f. (City or lown) 30f. 12-1((County) (Sometime of the date stated at the
WEDICAL	(a), staling the underlying DUE TO cause last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. 19 21. I certify that (I) (this hosp saw the deceased alive on 19 22c. PHYSICIAN'S NAME (Type) Dr. Rex R	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20c. INJURY OCCURRED While Noi While et work et work ital) attended the deceased from 10 196 7 and that M. I. Martin M. I.	death occurred at ATTENDING PHYS. ATTENDING MEPHYS. 22d. ADDRESS 220 N. Mar	20f. (City or lown) 20f. (City or lown) 3 to 12-1/- 3M, from the causes and concerns Phys. 12. ket Street Free	PERFORM YES N (County) (S 19€7, that (I) (won the date stated a 22b. 11⊶1967 derick, Md.
WEDICAL	(a), staling the underlying causa last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Dr. Rex R 3a. BURIAL, CREMATION, 23b. DATE THIR REMOVAL (Spacify)	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20c. INJURY OCCURRED While Noi While et work et work ital) attended the deceased from 196	death occurred at ATTENDING MEPHYS. R DIR 22d. ADDRESS OR CREMATORY	20f. [City or lown] 20f. [City or lown] 30f. 12-1((County) (S (County) (S 19:2, that (I) (won the date stated at 22b. 11:1967 derick Md.
WEDICAL 23s	(a), staling the underlying causa last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Dr. Rex R 3a. BURIAL, CREMATION, 23b. DATE THI REMOVAL (Spacify) Burial	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20b. DESCRIBE HOW INJURY OCCURRED While Not White et work et work ital) attended the deceased from. 196	death occurred at ATTENDING MEPHYS. DIR	20f. [City or lown] 20f. [City or lown] 30	(County) (So that (I) (von the date stated 22b. 11-1967 derick, Md. (Stelland
31	(a), staling the underlying causa last. PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING (A) OR CONTRIBUTING (C) CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Y Hour e.m. p.m. 19 21. I certify that (I) (this hosp saw the deceased alive on 22c. PHYSICIAN'S NAME (Type) Dr. Rex R 3a. BURIAL, CREMATION, 23b. DATE THIR REMOVAL (Spacify)	DITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED 20b. DESCRIBE HOW INJURY OCCURRED While Not White et work et work ital) attended the deceased from Martin M. I. REREOF 23c. NAME OF CEMETERY ADDRESS	death occurred at ATTENDING MEPHYS. DIR	20f. [City or lown] 20f. [City or lown] 30, 10	(County) (County) (County) (County) (County) (County) (County) (County) (County) (Steel (County) (Steel (County) (Steel (County) (Steel (County)



Apr | apr | appen | appen | append | Ap

The state of the s

HANDLE SECTION OF THE PARTY OF The same of the sa the second of th - 10 m - 10 m transfer diverse a father of the the second of th and the state of the boundary of the state o